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| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Catina                     |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued<br>picture identification (for<br>example, your driver's | Middle name Jones          | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8 years   | First name                 | First name                                    |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social   | XXX - XX- <u>5250</u>      | xxx - xx-                                     |
|    | Security number or federal Individual   | OR                         | OR  |
|    | Taxpayer<br>Identification number<br>(ITIN)                                     | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Catina<br>First Name                           | Jones  Middle Name Last Name  | Case number (if known)   |
|----|--|---|--|
|    |  |   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 5046 W Congress Pkwy FI 1<br>Number Street  | Number Street  |
|    |  | Chicago Illinois 60644  |  |
|    |  | City State Zip Code   | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

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| De  | ebtor 1 Catina  |   | Jones   |  | Case number (if kno  | own)   |  |
|-----|---|---|---|--|--|--|--|
|     | First Name  | Middle Name   | e Last Name   |  |  |  |  |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankrupt  | tcy Case  |  |  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | brief description of each, see<br>B2010)). Also, go to the top o  |  |  |  | ndividuals Filing for  |
| 8.  | How you will pay the fee  | more details a cashier's check may pay with  I need to pay Individuals to  I request that judge may, but he official poyou choose the | entire fee when I file my about how you may pay. Tyck, or money order If your a credit card or check with the fee in installments. If a Pay Your Filing Fee in Installment to the see be waived (You not is not required to, waive everty line that applies to you not file it with your petition | rpically, if your attorney is a pre-printed you choose tallments (Omay request your fee, and our family sit the Application of the state of the stat | ou are paying the<br>submitting you<br>ad address.<br>This option, sign<br>official Form 103<br>this option only<br>d may do so only<br>ze and you are u | e fee yourself, r payment on y gn and attach to A).  If you are filing the file of the top of the t | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District  District  District  | Northern District of Illinois  Northern District of Illinois  | When<br>When<br>When   | 9/14/2010<br>MM / DD / YYYY<br>5/4/2016<br>MM / DD / YYYY  | Case number _ Case number _ Case number _  | 10-41060<br>16-15228   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor District Debtor District   |   | When<br>When   | MM / DD / YYYY   | Relationship to Case number, i Relationship to Case number, i  | you  |
| 11. | Do you rent your residence?   | ✓ No.   | landlord obtained an eviction<br>Go to line 12.<br>Fill out <i>Initial Statement About</i><br>this bankruptcy petition.   |  |  |  |  |

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Debtor 1 Catina Jones \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Zatina Jones Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Catina Jones Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 2/22/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Catina                                  |                            | Jones                    | Case number (if           | known)   |
|--|----------------------------|--------------------------|---------------------------|--|
| First Name                                       | Middle Name                | Last Name                |                           |  |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12, d | or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 34   | 2(b) and, in a case in v  | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge after    | an inquiry that the inf  | ormation in the sched     | ules filed with the petition is incorrect.   |
| attorney, you do not                             | · ·                        | , ,                      |                           | •  |
| need to file this page.                          | /s/ Kashwal Kaur           |                          | Date                      | 2/22/2017  |
|  | Signature of Attorney for  | or Debtor                | M                         | M / DD / YYYY  |
|  | . J                        |                          |                           |  |
|  |                            |                          |                           |  |
|  | Kashwal Kaur               |                          |                           |  |
|  | Printed name               |                          |                           |  |
|  | Semrad Law Firm            |                          |                           |  |
|  | Firm name                  |                          |                           |  |
|  | 11101 S. Western Ave       | nue                      |                           |  |
|  | Street                     |                          |                           |  |
|  |                            |                          |                           |  |
|  |                            |                          |                           |  |
|  | Chicago                    |                          | Illinois                  | 60643  |
|  | City                       |                          | State                     | Zip Code   |
|  |                            |                          |                           |  |
|  | Contact phone              |                          | Email address             | kkaur@semradlaw.com  |
|  |                            |                          |                           |  |
|  |                            |                          |                           |  |
|  | Bar number                 |                          | State                     |  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Catina                    | Jones       |                      |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
| Case number<br>(If known)                       | ,                         |             | (State)              |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Varra assata                      |
|--|-----------------------------------|
|  | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  |                                   |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>  | \$0.00                            |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$4,036.00                        |
| Tb. Copy line 02, Total personal property, north Schedule 200  | <b></b>                           |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$4,036.00                        |
| t 2: Summarize Your Liabilities  |                                   |
|  |                                   |
|  | Your liabilities Amount you owe   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                     | ¢10.170.00                        |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$12,170.00                       |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                            |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |                                   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$29,185.95                       |
|  | \$41,355.95                       |
| Your total liabilities   |                                   |
| Your total liabilities   |                                   |
|  |                                   |
| Summarize Your Income and Expenses   | \$1.698.65                        |
| Summarize Your Income and Expenses   | \$1,698.65                        |
| Schedule I: Your Income (Official Form 106I)   | \$1,698.65<br>\$1,307.83          |

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Debtor 1 Catina Jones \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,600.44 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$14,491.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$14,491.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | information to                                   | o identify your ca  | ase:   |                       |  |                              |   |  |
|--|--|---|--|-----------------------|--|------------------------------|---|--|
|  |  | • •   |  |                       | In a sec   |                              |   |  |
| Debtor 1                               | Catina<br>First Na                               | ame   | Middle N   | lame                  | Jones<br>Last Name   | -                            |   |  |
| Debtor 2                               |  |   | aa.a   |                       | 24011141110  |                              |   |  |
| (Spouse, if fil                        | ling) First Na                                   | ame   | Middle N   | lame                  | Last Name  | _                            |   |  |
| United Sta                             | ates Bankrupto                                   | cy Court for the:   | Northern   |                       | District of Illinois (State)   | -                            |   |  |
| Case num<br>(If known)                 | nber   |   |  |                       |  | -                            |   |  |
| Officia                                | al Form  | 106A/B  |  |                       |  |                              |   | Check if this is an amended filing                         |
| Sched                                  | dule A/  | B: Prope  | rty  |                       |  |                              |   | 12/1   |
| category v<br>responsibl<br>write your | where you thi<br>le for supplying<br>name and ca | ink it fits best. E<br>ng correct infor<br>ase number (if k | se as complete a<br>mation. If more s<br>nown). Answer e | nd ac<br>pace<br>very | asset only once. If an asset fits in<br>curate as possible. If two married<br>is needed, attach a separate she<br>question.<br>r Other Real Estate You Own | d people ar<br>et to this fo | e filing together, both a<br>orm. On the top of any a | re equally   |
|  |  |   |  |                       |  |                              |   |  |
|  | No. Go to Pa                                     |   | uitable interest i                                       | n an                  | residence, building, land, or sim  | ıllar proper                 | ty?   |  |
| <u> </u>                               |  |   |  |                       |  |                              |   |  |
| ш                                      | Yes. Where is                                    | s the property?   |  |                       |  |                              |   |  |
|  |  |   |  | Wh                    | at is the property? Check all that a   | pply.                        |   | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| 1.1                                    | Street addres                                    | s, if available, or o                                       | other description  | 닏                     | Single-family home   |                              |   | nims Secured by Property.                                  |
|  |  |   |  | Н                     | Duplex or multi-unit building  |                              | Current value of the                                  | Current value of the                                       |
|  |  |   |  | Н                     | Condominium or cooperative  Manufactured or mobile home  |                              | entire property?                                      | portion you own?   |
|  |  |   |  | H                     | Land   |                              |   |  |
|  | Number   | Street  |  | H                     | Investment property  |                              | Describe the nature o                                 | f your ownership   |
|  |  |   |  | H                     | Timeshare  |                              | interest (such as fee s<br>the entireties, or a life  |  |
|  | City   | State   | Zip Code   | H                     | Other  |                              |   | e estate), il kilowii.                                     |
|  |  |   |  |                       | o has an interest in the property?   | Check                        | Check if this is co<br>(see instructions)             | mmunity property   |
|  |  |   |  | one                   |  |                              |   |  |
|  |  |   |  | H                     | Debtor 1 only Debtor 2 only  |                              |   |  |
|  |  |   |  | Н                     | Debtor 1 and Debtor 2 only   |                              |   |  |
|  |  |   |  | Н                     | At least one of the debtors and another  | ther                         |   |  |
|  |  |   |  |                       |  |                              | am auch ac least                                      |  |
|  |  |   |  |                       | er information you wish to add al<br>perty identification number:  | oout this ite                | em, such as local                                     |  |
| If you                                 | own or have i                                    | more than one, lis  | st here:   |                       |  |                              |   |  |
|  |  |   |  | Wh                    | at is the property? Check all that a   | pply.                        |   | claims or exemptions. Put                                  |
| 1.2                                    | Street addres                                    | s, if available, or o                                       | other description  | Ш                     | Single-family home   |                              |   | red claims on Schedule D: nims Secured by Property.        |
|  | 01.001 444.00                                    | o, araa, o  | эштог ассопраст.   |                       | Duplex or multi-unit building  |                              | Current value of the                                  | Current value of the                                       |
|  |  |   |  |                       | Condominium or cooperative   |                              | entire property?                                      | portion you own?   |
|  |  |   |  | Ш                     | Manufactured or mobile home  |                              |   |  |
|  | Number   | Street  | _  | Н                     | Land   |                              | Describe the nature o                                 | f vour ownership   |
|  |  |   |  | Н                     | Investment property Timeshare  |                              | interest (such as fee s                               | simple, tenancy by   |
|  | City   | State   | Zip Code   | Н                     | Other  |                              | the entireties, or a life                             | e estate), if Known.                                       |
|  |  |   |  | Ш                     |  |                              | Check if this is co                                   | mmunity property   |
|  |  |   |  |                       | has an interest in the property?   | Check                        | (see instructions)                                    | ,, ,   |
|  |  |   |  | one                   | Debtor 1 only  |                              |   |  |
|  |  |   |  | H                     | Debtor 2 only  |                              |   |  |
|  |  |   |  | H                     | Debtor 1 and Debtor 2 only   |                              |   |  |
|  |  |   |  | H                     | At least one of the debtors and another  | ther                         |   |  |
|  |  |   |  | <u>С.</u>             |  |                              | am such as local                                      |  |
|  |  |   |  |                       | er information you wish to add al<br>perty identification number:  | Jour tills ite               | in, such as lucal                                     |  |

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|  | Catina  |   | Jones   | Case number  | r (if known)  |  |
|--|---|---|---|--|---|--|
|  | First Name  | Middle Name   | Last Name   |  |   |  |
| 1.3  | eet address, if available, or of  |   | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                    | pply.  | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
| Nu   | mber Street   | Zip Code  | Land Investment property Timeshare Other  | _  | Describe the nature of interest (such as fee s the entireties, or a life  | imple, tenancy by<br>e estate), if known.  |
|  |   | ]<br>]<br>]   | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anotoperty identification number: | other  | Check if this is co (see instructions)  Such as local   | mmunity property   |
| 2. Add   | I the dollar value of the po  | -   | all of your entries from Part 1, includ   | ding any entrie                                      | s for pages   |  |
|  | ave attached for Part 1. W  | rite that number h  | ere.  |  |   |  |
| you na   |   |   | <b>&gt;</b>   |  |   |  |
| Part 2: Do you ov  | that someone else drives. If<br>ans, trucks, tractors, sport u<br>o   | equitable interest<br>you lease a vehicle,  | t in any vehicles, whether they are realso report it on Schedule G: Executory cycles  | -  | -   |  |
| Part 2:  Do you over the second secon | wn, lease, or have legal or<br>that someone else drives. If<br>ans, trucks, tractors, sport under<br>the second second second second<br>the second | equitable interest<br>you lease a vehicle, s<br>tility vehicles, motoro<br>Ford<br>Taurus<br>2005 | also report it on Schedule G: Executory cycles  Who has an interest in the properation.   | y Contracts and                                      | Unexpired Leases.  Do not deduct secured the amount of any secu   | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>aims Secured by Property.                                |
| Part 2:  Do you over the you own to the you own to the you own to the you own to the young to the young th | wn, lease, or have legal or<br>that someone else drives. If<br>ans, trucks, tractors, sport u<br>o<br>es<br>Make<br>Model:  | equitable interest<br>you lease a vehicle,<br>tility vehicles, motoro<br>Ford<br>Taurus           | also report it on Schedule G: Executory cycles  Who has an interest in the prope  | y Contracts and                                      | Unexpired Leases.  Do not deduct secured the amount of any secu   | red claims on Schedule D:  |
| Part 2:  Do you over the you own to the you own to the you own to the you own to the young to the young th | wn, lease, or have legal or that someone else drives. If ans, trucks, tractors, sport urbes  Make Model: Year: Approximate mileage: Other information:  | equitable interest<br>you lease a vehicle, s<br>tility vehicles, motoro<br>Ford<br>Taurus<br>2005 | who has an interest in the proper one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and                                    | y Contracts and berty? Check                         | Do not deduct secured the amount of any secu Creditors Who Have Classes.  Current value of the entire property?   | ured claims on Schedule D:<br>aims Secured by Property.  Current value of the<br>portion you own?                          |
| Part 2:  Do you over the your own to you own | wn, lease, or have legal or that someone else drives. If ans, trucks, tractors, sport urbes  Make Model: Year: Approximate mileage: Other information:  | equitable interest<br>you lease a vehicle, s<br>tility vehicles, motoro<br>Ford<br>Taurus<br>2005 | who has an interest in the proper one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and                                    | y Contracts and berty? Check d another property (see | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property? \$1775.00  Do not deduct secured the amount of any secured the amou | ured claims on Schedule D:<br>aims Secured by Property.  Current value of the<br>portion you own?                          |

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|      | Catina<br>First Name                                   | Middle Name | Jones Ca<br>Last Name  | se number (if kno  | wn)  |   |
|------|--|-------------|--|--|--|---|
| 3.3  | Make<br>Model:<br>Year:<br>Approximate mileage:        |             | Who has an interest in the property? one.  Debtor 1 only Debtor 2 only   | the a<br><i>Cred</i><br><b>Curr</b>                          | amount of any secu   | claims or exemptions. Put<br>ared claims on Schedule D<br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|      | Other information:                                     |             | Debtor 1 and Debtor 2 only  At least one of the debtors and anot  Check if this is community prope instructions)                       | her  |  |   |
| 3.4  | Make<br>Model:<br>Year:<br>Approximate mileage:        |             | Who has an interest in the property? one.  Debtor 1 only Debtor 2 only   | the a  | amount of any secu   | claims or exemptions. Put<br>ired claims on <i>Schedule D</i><br>iims Secured by Property.<br>Current value of the              |
|      | Other information:                                     |             | Debtor 1 and Debtor 2 only  At least one of the debtors and anot  Check if this is community prope instructions)                       | her  | re property?   | portion you own?  |
| Exan | nples: Boats, trailers, motors                         |             | recreational vehicles, other vehicles, fishing vessels, snowmobiles, motorcycle  |  |  |   |
|      | No<br>Yes<br>Make<br>Model:                            |             | Who has an interest in the property? one.  |  |  | claims or exemptions. Pu  |
|      | Yes<br>Make  |             | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anot  Check if this is community prope | the a Cred Curr entil  | amount of any secu   | · · · · · · · · · · · · · · · · · · ·   |
| 4.1  | Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage: |             | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anot                                   | the a Crea  Curr entin  her  rty (see  Check Do n the a Crea | amount of any secu- ditors Who Have Cla rent value of the re property?  not deduct secured amount of any secu- | red claims on Schedule I<br>lims Secured by Property.   |

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Bedroom Set, Living Room Set \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... TV \$150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1350.00 for Part 3. Write that number here .....

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$11.00 17.1. Checking account: Chase 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Deb | tor 1 Catina                                       | Middle Nones  | Jones                       | Case number (if known)                        |          |
|-----|--|---|-----------------------------|---|----------|
| 20. |  | Middle Name orate bonds and other negotial  |                             |   |          |
|     |  | include personal checks, cashiers'<br>ents are those you cannot transfer          |                             |   |          |
|     | ✓ No  Yes. Give specific                           |   |                             |   |          |
|     | information about them                             | Issuer name:  |                             |   |          |
|     |  |   |                             |   |          |
|     |  |   |                             |   | -        |
| 21. | Retirement or pension<br>Examples: Interests in If |   | , thrift savings accoun     | its, or other pension or profit-sharing plans |          |
|     | <b>✓</b> No  | Torridon  | Landle Parameter            |   |          |
|     | Yes. List each account                             | Type of account:  | Institution name:           |   |          |
|     | separately.  | 401(k) or similar plan:   |                             |   |          |
|     |  | Pension plan:   |                             |   |          |
|     |  | IRA:  |                             |   | -        |
|     |  | Retirement account:   |                             |   |          |
|     |  | Keogh:  |                             |   |          |
|     |  | Additional account:   |                             |   |          |
|     |  | Additional account:   |                             |   |          |
| 22. |  | prepayments d deposits you have made so that with landlords, prepaid rent, public |                             |   |          |
|     | No   |   | Institution name:           |   |          |
|     | ✓ Yes  | Electric:   |                             |   |          |
|     |  | Gas:  |                             |   |          |
|     |  | Heating oil:  |                             |   |          |
|     |  | Security deposit on rental unit:  | Security Deposit            |   | \$900.00 |
|     |  | Prepaid rent:   |                             |   |          |
|     |  | Telephone:  |                             |   |          |
|     |  | Water:  |                             |   |          |
|     |  | Rented furniture:   |                             |   |          |
|     |  | Other:  |                             |   |          |
| 23. | Annuities (A contract fo                           | or a periodic payment of money to   | you, either for life or for | or a number of years)                         | •        |
|     | ✓ No   | Issuer name and description:  |                             |   |          |
|     | Yes  | 2000 p. 1011  |                             |   |          |
|     |  |   |                             |   |          |
|     |  |   |                             |   |          |
|     |  |   |                             |   |          |

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| Debt | or 1 Catina<br>First Name   | Jone<br>Middle Norse  | es Case number (if known) Name   |  |
|------|---|---|--|--|
| 24.  |   |   | Name<br>LE program, or under a qualified state tuition program.  |  |
|      |   | 0(b)(1), 529A(b), and 529(b)(1).  | program, or unuor a quamica ciato taition program  |  |
|      | ✓ No  |   |  |  |
|      | Yes   | nstitution name and description. Separately file the r  | records of any interests.11 U.S.C. § 521(c):   |  |
|      | -   |   |  |  |
|      | _   |   |  |  |
|      |   |   |  |  |
| 25.  |   | le or future interests in property (other than an   | ything listed in line 1), and rights or powers   |  |
|      | exercisable for   | your benefit  |  |  |
|      | ✓ No  Yes. Descril  |   |  |  |
|      | Tes. Descri   | le  |  |  |
|      | _   | <del></del>   |  |  |
| 26.  |   | ghts, trademarks, trade secrets, and other inte<br>et domain names, websites, proceeds from royaltie  |  |  |
|      | No No   |   |  |  |
|      | Yes. Descril  | e   |  |  |
|      |   |   |  |  |
| 27.  | Licenses, franc   | hises, and other general intangibles  |  |  |
|      |   | ing permits, exclusive licenses, cooperative associa  | tion holdings, liquor licenses, professional licenses  |  |
|      | <b>✓</b> No   |   |  |  |
|      | Yes. Descril  | e   |  |  |
|      |   |   |  |  |
|      |   |   |  |  |
| Mon  | ney or propert  | owed to you?  |  | Current value of the   |
| Mon  | ney or propert  | owed to you?  |  | Current value of the portion you own?  |
| Mon  | ney or propert  | owed to you?  |  | portion you own? Do not deduct secured   |
|      | ney or propert  |   |  | portion you own?   |
|      |   |   |  | portion you own? Do not deduct secured   |
|      | Tax refunds owe   | ed to you   | Federal:   | portion you own? Do not deduct secured   |
|      | Tax refunds own  No Yes. Give sp about  | ed to you   | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds owe  No Yes. Give sp about you alr  | ed to you ecific information hem, including whether   | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th   | ecific information hem, including whether eady filed the returns  |  | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.  | Tax refunds owe  No Yes. Give sp about you alr and th  Family support   | ecific information hem, including whether eady filed the returns e tax years  | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds owe  No Yes. Give sp about you alr and th  Family support   | ecific information hem, including whether eady filed the returns e tax years  | State:  Local:  upport, maintenance, divorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years  | State:  Local:  upport, maintenance, divorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years  | State: Local: upport, maintenance, divorce settlement, property settlemen Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                            |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years  | State:  Local:  upport, maintenance, divorce settlement, property settlemen  Alimony:  Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00              |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years  | State: Local:  Upport, maintenance, divorce settlement, property settlement  Alimony:  Maintenance: Support:  Divorce settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of No Yes. Give sp   | ecific information hem, including whether eady filed the returns e tax years  | State:  Local:  upport, maintenance, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00                |
| 28.  | Tax refunds own  ✓ No  Yes. Give spabout you alrand th  Family support Examples: Past of Yes. Give spatial Yes.   | ecific information hem, including whether eady filed the returns to tax years   | State: Local:  Upport, maintenance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: enefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds own  ✓ No  Yes. Give spabout you alrand the samples: Past of the yes. Give spots of the family support of the family su | ecific information hem, including whether eady filed the returns to tax years  ue or lump sum alimony, spousal support, child su ecific information   | State: Local:  Upport, maintenance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: enefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds own  No Yes. Give spabout you alrand the samples: Past of Yes. Give sport  Family support  Examples: Past of Yes. Give sport  Other amounts  Examples: Unpair Social  | ecific information hem, including whether eady filed the returns tax years  ue or lump sum alimony, spousal support, child su ecific information  someone owes you d wages, disability insurance payments, disability be Security benefits; unpaid loans you made to some | State: Local:  Upport, maintenance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: enefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds own  ✓ No  Yes. Give spabout you alrand the samples: Past of the space of the space of the samples: Unpair Social  ✓ No  Other amounts  Examples: Unpair Social   | ecific information hem, including whether eady filed the returns tax years  ue or lump sum alimony, spousal support, child su ecific information  someone owes you d wages, disability insurance payments, disability be Security benefits; unpaid loans you made to some | State: Local:  Upport, maintenance, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: enefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

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| Debt | or 1 Catina  |                           | Jones   | Case number (if known)                        |  |
|------|--|---------------------------|---|---|--|
|      | First Name   | Middle Name               | Last Name   |   |  |
| 31.  | Interests in insurance Examples: Health, disab           |                           | alth savings account (HSA); credit, h                               | omeowner's, or renter's insurance             |  |
|      | No Yes. Name the insu of each policy and l               |                           | Company name:   | Beneficiary:                                  | Surrender or refund value  |
| 32.  |  | of a living trust, expect | someone who has died<br>proceeds from a life insurance polic        | y, or are currently entitled to receive       |  |
| 33.  |  |                           | you have filed a lawsuit or made<br>urance claims, or rights to sue | a demand for payment                          |  |
| 34.  | Other contingent and to set off claims  No Yes. Describe | unliquidated claims o     | fevery nature, including counter                                    | claims of the debtor and rights               |  |
| 35.  | Any financial assets ye                                  | ou did not already list   |   |   |  |
|      | No Yes. Describe   |                           |   |   |  |
| 36.  |  | -                         | m Part 4, including any entries fo                                  |   | \$911.00   |
| Part | _  |                           |   | nterest In. List any real estate in Pa        | rt 1.  |
| 37.  | Do you own or have ar                                    | ny legal or equitable ir  | terest in any business-related pr                                   | operty?                                       |  |
|      | No. Go to Part 6. Yes. Go to line 38.                    |                           |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable of                                   | or commissions you all    | eady earned   |   |  |
|      | No Yes. Describe   |                           |   |   |  |
| 39.  | Office equipment, furr<br>Examples: Business-rela        |                           | e, modems, printers, copiers, fax ma                                | achines, rugs, telephones, desks, chairs, ele | ctronic devices  |
|      | No Yes. Describe   |                           |   |   |  |
|      |  |                           |   |   |  |

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| Debt     | tor 1 Catina   | Jones                                   | Case number (if known)         |  |
|----------|--|---|--------------------------------|--|
| ı        | First Name Middle Name   |   |                                |  |
| 40.      | Machinery, fixtures, equipment, supplies you                                     | u use in business, and tools of your    | trade                          |  |
|          | <b>✓</b> No  |   |                                |  |
|          | Yes. Describe  |   |                                |  |
|          |  |   |                                |  |
|          |  |   |                                |  |
| 41.      | Inventory  |   |                                |  |
|          | <b>✓</b> No  |   |                                |  |
|          | Yes. Describe  |   |                                |  |
|          | _  |   |                                |  |
| 10       |  |   |                                |  |
| 42.      | Interests in partnerships or joint ventures                                      |   |                                |  |
|          | ✓ No   | Name of entity:                         | % of ownership:                |  |
|          | Yes. Give specific   | Name of entity.                         | 70 Of Ownership.               |  |
|          | information about them   |   |                                | _  |
|          | uleili   |   |                                |  |
|          |  |   |                                |  |
| 10.      | Oustamentista mailine lista an ethan camuila                                     | ******                                  |                                | <del>-</del>                                   |
| 43.      | Customer lists, mailing lists, or other compile                                  | ations                                  |                                |  |
|          | ✓ No   |   |                                |  |
|          | Yes. Do your lists include personally identifi                                   | iable information (as defined in 11 U.S | .C. § 101(41A))?               |  |
|          | ☐ No   |   |                                |  |
|          | Yes. Describe  |   |                                |  |
|          | Tes. Describe  |   |                                |  |
| 44.      | Any business-related property you did not a                                      | Iready list                             |                                |  |
|          | <b>✓</b> No  |   |                                |  |
|          |  |   |                                |  |
|          | Yes. Give specific information   |   |                                |  |
|          |  |   |                                |  |
|          |  |   |                                | <del></del>                                    |
|          |  |   |                                |  |
|          |  |   |                                |  |
|          |  |   |                                |  |
|          |  |   |                                | <del></del>                                    |
|          |  |   |                                |  |
|          | dd the dollar value of all of your entries from<br>art 5. Write that number here |   |                                |  |
| <b>▶</b> | art 5. Write that humber here  |   |                                |  |
| Part     | 6: Describe Any Farm- and Commerc  |   | ou Own or Have an Interest In. |  |
|          | If you own or have an interest in farmland, list it                              | t in Part 1.                            |                                |  |
| 46.      | Do you own or have any legal or equitable in                                     | nterest in any farm- or commercial      | fishing-related property?      |  |
|          | No. Go to Part 7.  |   |                                | Current value of the                           |
|          | Yes. Go to line 47.  |   |                                | portion you own?  Do not deduct secured claims |
|          |  |   |                                | or exemptions                                  |
| 47.      | Farm animals   |   |                                |  |
|          | Examples: Livestock, poultry, farm-raised fish                                   |   |                                |  |
|          | <b>✓</b> No  |   |                                |  |
|          | Yes. Describe  |   |                                |  |
|          |  |   |                                |  |
|          |  |   |                                |  |

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| Debt         | tor 1 Catina<br>First Name     |   | ones C                | ase number (if known)          |             |
|--------------|--------------------------------|---|-----------------------|--------------------------------|-------------|
| 48.          | Crops-either growing of        |   | ast ivallie           |                                |             |
|              | ✓ No Yes. Describe             |   |                       |                                |             |
| 49.          | Farm and fishing equip         | oment, implements, machinery, fixture   | s, and tools of trade |                                |             |
|              | <b>✓</b> No                    |   |                       |                                |             |
|              | Yes. Describe                  |   |                       |                                |             |
| 50.          | Farm and fishing suppl         | ies, chemicals, and feed  |                       |                                |             |
|              | <b>✓</b> No                    |   |                       |                                |             |
|              | Yes. Describe                  |   |                       |                                |             |
|              |                                |   | of door de Par        |                                |             |
| 51.          |                                | cial fishing-related property you did n                                       | iot aiready list      |                                |             |
|              | ✓ No Yes. Describe             |   |                       |                                |             |
|              |                                |   |                       |                                |             |
|              |                                | I of your entries from Part 6, including                                      |                       | have attached                  |             |
|              |                                |   |                       | _                              |             |
|              |                                |   |                       |                                |             |
| Part 53      |                                | perty You Own or Have an Intere-<br>perty of any kind you did not already lis |                       | list Above                     |             |
| 55.          |                                | s, country club membership  | St:                   |                                |             |
|              | ✓ No                           |   |                       |                                |             |
|              | Yes. Give specific information |   |                       |                                |             |
|              |                                |   |                       |                                |             |
|              |                                |   |                       |                                |             |
| 54. A        | dd the dollar value of al      | I of your entries from Part 7. Write tha                                      | t number here         | )                              | <b>&gt;</b> |
|              |                                |   |                       |                                |             |
|              |                                |   |                       |                                |             |
|              |                                |   |                       |                                |             |
| Part         | 8: List the Totals of          | Each Part of this Form  |                       |                                |             |
| 55. <b>F</b> | Part 1: Total real estate      | , line 2  |                       | <b>&gt;</b>                    |             |
| 56. <b>r</b> | oart 2 total vehicles, line    | e 5   | \$1775.00             |                                |             |
| 57. <b>P</b> | art 3: Total personal an       | d household items, line 15  | \$1350.00             |                                |             |
| 58. <b>P</b> | art 4: Total financial as      | sets, line 36   | \$911.00              |                                |             |
| 59. <b>F</b> | Part 5: Total business-re      | elated property, line 45  |                       |                                |             |
| 60. <b>F</b> | Part 6: Total farm- and f      | ishing-related property, line 52  |                       |                                |             |
| 61. <b>F</b> | Part 7: Total other prope      | erty not listed, line 54  |                       |                                |             |
| 62.1         | Гotal personal property.       | Add lines 56 through 61   | \$4036.00             | Copy personal property total ▶ | + \$4036.00 |
|              |                                |   |                       |                                | \$4036.00   |
| 63. <b>T</b> | otal of all property on S      | chedule A/B. Add line 55 + line 62  |                       |                                | + 1300.00   |

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| Debtor 1 | Catina     |             | Jones     | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | Firet Namo | Middle Name | Last Namo | •                      |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe   | Your Personal and Household Items                                 |  |
|--------------------|---|--|
| Do you own or ha   | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.2. Household goo | ds and furnishings  |  |
| No Yes. Describe   | Used Dining Set   | \$200.00   |

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|--|---|--|--|--|---|
| Fill in this infor   | mation to identify your case:   | :  |  |  |   |
| Debtor 1   | Catina  |  | Jones  |  |   |
| Debtor 2   | First Name  | Middle N   | ame Last Nar   | ne   |   |
| (Spouse, if filing)  | First Name  | Middle N   | ame Last Nar   | ne ne  |   |
| United States E  | Bankruptcy Court for the: No  | orthern  | District of Illin  | ois  |   |
| Case number  |   |  | (Sta   | tte)   |   |
| (If known)   |   |  |  |  |   |
| Official   | Form 106C   |  |  |  | Check if this is an amended filing  |
| -  |   |  |  |  |   |
|  | e C: The Proper   |  |  | •  | 12/15   |
| information. I as exempt. If                                   | Using the property you lis  | sted on <i>Sche</i><br>out and atta                        | edule A/B: Property (Cach to this page as ma   | together, both are equally responsible for the ficial Form 106A/B) as your source, list any copies of <i>Part 2: Additional Page</i> as  | the property that you claim   |
| state a speci<br>the amount of<br>tax-exempt of<br>under a law | fic dollar amount as exe<br>of any applicable statuto<br>retirement funds—may b | mpt. Alternary limit. Son<br>be unlimited<br>n to a partic | atively, you may clai<br>ne exemptions—suc<br>in dollar amount. Ho<br>ular dollar amount a | amount of the exemption you claim. On the full fair market value of the proper has those for health aids, rights to recover, if you claim an exemption of 1 and the value of the property is determined. | perty being exempted up to ceive certain benefits, and 00% of fair market value |
| Part 1: Ider   | ntify the Property You Cl   | aim as Exer  | npt  |  |   |
|  | t of exemptions are you clai  | •  | * * *  | ,  |   |
| <b>✓</b> You   | are claiming state and feder  | al nonbankru   | ptcy exemptions. 11 U.   | S.C. § 522(b)(3)   |   |
| You  | are claiming federal exempt   | tions. 11 U.S.(  | C. § 522(b)(2)   |  |   |
|  |   |  |  |  |   |

| 1 | <ul> <li>Which set of exemptions are you claiming</li> <li>You are claiming state and federal n</li> </ul> | <b>3</b>   | , ,   |  |
|---|--|--|---|--|
|   | You are claiming federal exemptions  | s. 11 U.S.C. § 522(b)(2  | 2)  |  |
| 2 | 2. For any property you list on Schedule A/  | B that you claim as e  | xempt, fill in the information below.   |  |
|   | Brief description of the property and line on Schedule A/B that lists this property                        | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption           |
|   | Brief description: Security deposit on rental unit, Security Deposit Line from                             | \$900.00   | \$900.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)                        |
|   | Schedule A/B:22  Brief description: Ford Taurus, 2005, 2005 Ford Taurus  Line from Schedule A/B:03         | \$1,775.00   | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| 3 | No   | ry 3 years after that for a  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |  |

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Debtor 1 Catina Jones Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$1,000.00 description: **✓** \$0 Bedroom Set, Living 100% of fair market value, up to any Room Set applicable statutory limit Line from Schedule A/B: 06 735 ILCS 5/12-1001(b) Brief \$200.00 description: **✓** \$200.00 **Used Dining Set** 100% of fair market value, up to any Line from applicable statutory limit 06 Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$150.00 description: **✓** \$150.00 TV 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$11.00 description: **✓** \$11.00 Checking account, 100% of fair market value, up to any Chase applicable statutory limit

Line from Schedule A/B:

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| Fill in          | this infor             | mation to identify your ca               | se:                                 |  |   |  |                                    |
|------------------|------------------------|--|-------------------------------------|--|---|--|------------------------------------|
| Dalata           | 4                      | Catina                                   |                                     | lance  |   |  |                                    |
| Debto            | or i                   | Catina<br>First Name                     | Middle Name                         | Jones<br>Last Name   |   |  |                                    |
| Debto            | or 2                   | · iiot · taiiio                          | aa.o . tao                          | 2001 10.110  |   |  |                                    |
|                  | e, if filing)          | First Name                               | Middle Name                         | Last Name  |   |  |                                    |
| United           | d States B             | ankruptcy Court for the:                 | Northern                            | District of Illinois   |   |  |                                    |
| Case<br>(If know | number<br>vn)          |  |                                     | (State)  |   |  |                                    |
| Off              | icial                  | Form 106D                                |                                     |  |   |  | Check if this is an amended filing |
| Scl              | hedu                   | le D: Credite                            | ors Who Ha                          | ve Claims Secure   | ed by Prop  | ertv                                       | 12/15                              |
| Be as<br>more    | complete<br>space is i | e and accurate as possib                 | le. If two married peopl            | e are filing together, both are equanber the entries, and attach it to the                                     | ally responsible for s  | upplying correc                            |                                    |
|                  |                        | reditors have claims se                  | ecured by your proper               | tv?  |   |  |                                    |
| Г                | -                      |  |                                     | with your other schedules. You have  | e nothing else to rep   | ort on this form.                          |                                    |
| i                |                        | Fill in all of the information           |                                     | ,  | 5   |  |                                    |
| Part             | 1: List                | All Secured Claims                       |                                     |  |   |  |                                    |
| 2.               | separate               | ly for each claim. If more th            | nan one creditor has a par          | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports | Column C Unsecured portion If any  |
| 2.1              | CNAC/M                 | 1105                                     | Describe the property               | that secures the claim:  | \$10,250.00   | \$1,775.00                                 | \$8,475.00                         |
|                  | Creditor's             | Name<br>FADIUM DR                        | Ford, Taurus   Value: \$            |  |   |  |                                    |
|                  | Numb                   |  |                                     | the claim is: Check all that apply.  |   |  |                                    |
|                  |                        |  | Contingent                          |  |   |  |                                    |
|                  | KALAM                  | AZOO MI 49008                            | Unliquidated                        |  |   |  |                                    |
|                  | City                   | State ZIP Code es the debt? Check one.   | Disputed                            |  |   |  |                                    |
|                  |                        | tor 1 only                               | Nature of lien. Check               | all that apply.  |   |  |                                    |
|                  |                        | tor 2 only                               |                                     | made (such as mortgage or secured  |   |  |                                    |
|                  |                        | tor 1 and Debtor 2 only                  | car loan)                           | aao (oao aoorigago e. eesa.ea  |   |  |                                    |
|                  |                        | east one of the debtors                  | Statutory lien (such                | as tax lien, mechanic's lien)  |   |  |                                    |
|                  |                        | another                                  | Judgment lien fron                  | n a lawsuit  |   |  |                                    |
|                  |                        | ck if this claim relates community debt  | Other (including a r                | ight to offset)  |   |  |                                    |
|                  | Date de incurred       | bt was 12/1/2014                         | Last 4 digits of accou              | nt number 9337   |   |  |                                    |
| 2.2              | SECURI <sup>*</sup>    | TYCRED                                   | Describe the property               | that secures the claim:  | \$1,920.00  | \$1,000.00                                 | \$920.00                           |
|                  | Creditor's<br>2653 W   | Name<br>est Oxford Loop, Suite           | Collection; Collecting for          | or ORIGINAL CREDITOR: 09   |   |  |                                    |
|                  | 108<br>Numb            | er Street                                | TEMPOE LLC  As of the date you file | the claim is: Check all that apply.  |   |  |                                    |
|                  | -                      |  | Contingent                          | ,  |   |  |                                    |
|                  | Oxford                 | MS 38655                                 | Unliquidated                        |  |   |  |                                    |
|                  | City                   | State ZIP Code                           | Disputed                            |  |   |  |                                    |
|                  |                        | es the debt? Check one. tor 1 only       | Nature of lien. Check               | all that apply   |   |  |                                    |
|                  |                        | tor 2 only                               |                                     | made (such as mortgage or secured  |   |  |                                    |
|                  |                        | tor 1 and Debtor 2 only                  | car loan)                           | ac (cac.: ace.:gage e. ecca.ea   |   |  |                                    |
|                  | At le                  | east one of the debtors                  |                                     | as tax lien, mechanic's lien)  |   |  |                                    |
|                  |                        | another                                  | Judgment lien from                  |  |   |  |                                    |
|                  | to a                   | community debt<br>bt was <u>5/1/2016</u> | ✓ Other (including a r              |  |   |  |                                    |
|                  | incurred               |  |                                     |  | ¢10.170.00  |  |                                    |
|                  |                        | Aud the donar value of y                 | Jour entries in Column A            | A on this page. Write that number  | \$12,170.00   |  |                                    |

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| E-11 ·          |  |   |  |  |   |                          |                   |                                |
|-----------------|--|---|--|--|---|--------------------------|-------------------|--------------------------------|
| HIII II         | n this intori                                | mation to identify your c   | ase:   |  |   |                          |                   |                                |
| Deb             | tor 1  | Catina  |  | Jones  |   |                          |                   |                                |
|                 |  | First Name  | Middle Name  | Last Name  |   |                          |                   |                                |
| Deb             |  | -   |  |  |   |                          |                   |                                |
| (Spot           | use, if filing)                              | First Name  | Middle Name  | Last Name  |   |                          |                   |                                |
| Unit            | ed States B                                  | ankruptcy Court for the:  | Northern   | District of Illinois   |   |                          |                   |                                |
|                 |  | , ,   |  | (State)  |   |                          |                   |                                |
| Case<br>(If knd | e number                                     |   |  |  | <del></del>   |                          |                   |                                |
| `               |  | 100F/F  |  |  |   | ☐ Ch                     | neck if this is a | n amended filing               |
| OII             | iciai F                                      | orm 106E/F  |  |  |   |                          |                   |                                |
| Sc              | hedi   | ile F/F: Cre  | ditors Who   | Have Uns   | ecured Claims   |                          |                   | 12/15                          |
| <u> </u>        | ricat  |   | ditors willo   | Tiave One  |   |                          |                   | 12/13                          |
| Form claim      | 106A/B) ans that are<br>entries in t<br>(n). | and on Schedule G: Exe<br>listed in Schedule D: C   | cutory Contracts and Uni-<br>creditors Who Hold Claims<br>tach the Continuation Pa | expired Leases (Offic<br>s Secured by Propert                                    | im. Also list executory contract<br>ial Form 106G). Do not include a<br>y. If more space is needed, copy<br>he top of any additional pages, | ny credito<br>the Part y | ors with parti    | ally secured<br>it out, number |
| 1.              | Do anv cr                                    | editors have priority un  | secured claims against y   | ou?  |   |                          |                   |                                |
|                 | No. 0  | Go to Part 2.   | ,  |  |   |                          |                   |                                |
|                 | Yes.   |   |  |  |   |                          |                   |                                |
| 2.              | listed, ider<br>As much a<br>Continuat       | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor | is. If a claim has both priori   | ty and nonpriority amo<br>ding to the creditor's r<br>particular claim, list the |   | both priori              | ty and nonprio    | ority amounts.                 |
|                 |  |   |  |  |   | Total                    | Priority          | Nonpriority                    |

claim

amount

amount

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 AD ASTRA RECOVERY SERVICE \$649.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8918 W. 21st Street North, suite 200 2/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 67205 Wichita Kansas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: SPEEDY **✓** No Other. Specify **CASH 123** Yes 4.2 AT&T Mobility \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 6416 n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Carol Stream Illinois 60197 Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Cell phone Is the claim subject to offset? **✓** No Yes Campbell, Laressa \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3109 E. 225th St. Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60411 Chicago Heights Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **|** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify 2011-M6-001750, Back Rent Is the claim subject to offset? **✓** No Yes

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Chicago Parking \$3,037.60 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 121 N. LaSalle St # 107A Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Tickets Is the claim subject to offset? **✓** No Yes Comcast Cable c/o Xfinity \$600.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 7561 North Point Pkwy #900 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Alpharetta Georgia 30022 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Cable/Internet Is the claim subject to offset? **✓** No Yes DEPT OF EDUCATION/NAVIENT 4.6 \$9,680.00 Last 4 digits of account number 0925 Nonpriority Creditor's Name 9/1/2008 When was the debt incurred? PO Box 9635

Number

City

 $\overline{}$ 

**✓** No Yes

Wilkes Barre

Debtor 1 only

Debtor 2 only

Street

Who incurred the debt? Check one.

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Pennsylvania

State

Check if this claim relates to a community debt

18773

Zip Code

Contingent

Unliquidated

Disputed

debts Other. Specify \_

Student loans

As of the date you file, the claim is: Check all that apply.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

Type of NONPRIORITY unsecured claim:

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Debtor 1 Catina Jones Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation   | n Page  |             |
|--------|--|---|-------------|
|        | After listing any entries on this page, number them beginning w  | rith 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7    | DEPT OF EDUCATION/NAVIENT Nonpriority Creditor's Name PO Box 9635 Number Street  | Last 4 digits of account number 0925 When was the debt incurred? 9/1/2008  As of the date you file, the claim is: Check all that apply.   | \$4,811.00  |
|        | Wilkes Barre Pennsylvania 18773 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes   | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  |             |
| 4.8    | I C SYSTEMS INC  Nonpriority Creditor's Name PO BOX 64378  Number Street  SAINT PAUL Minnesota 55164  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes                 | When was the debt incurred? 11/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify ORIGINAL CREDITOR: COMED | \$949.00    |
| 4.9    | Illinois Tollway  Nonpriority Creditor's Name 2700 Ogden Ave  Number Street  Legal Dept  Downers Grove Illinois 60515 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Hen was the debt incurred?  | \$0.00      |

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 MEDICREDIT, INC \$145.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 1629 When was the debt incurred? 9/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **MARYLAND** Montana 63043 Unliquidated **HEIGHTS** City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Is the claim subject to offset? Other. Specify PAYMENT DATA **✓** No Yes Mercy Hospital 4.11 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2525 S. Michigan Avenue Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60616 Chicago Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Medical Bills Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes 4.12 MONTEREY COLLECTION SV \$2,661.00 Last 4 digits of account number 2360 Nonpriority Creditor's Name 4095 AVENIDA DE LA PLATA When was the debt incurred? 3/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **OCEANSIDE** California 92056 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? |✓|

**✓** No

Yes

ORIGINAL CREDITOR:

Other. Specify BRISTLECONE FINANCING LLC

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 MONTEREY FIN \$1,834.00 Last 4 digits of account number Nonpriority Creditor's Name 4095 AVENIDA DE LA When was the debt incurred? 10/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent 92056 **OCEANSIDE** California Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify \_ 12 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.14 NCB MANAGEMENT SERVICE \$2,604.94 Last 4 digits of account number Nonpriority Creditor's Name 1 ALLIED DR When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 19053 **TREVOSE** Pennsylvania City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Other non-priority Is the claim subject to offset? **✓** No Yes Nicor Gas 4.15 \$609.00 Last 4 digits of account number Nonpriority Creditor's Name 90 N. Finley Road When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60137 Glen Ellyn Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ Gas Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 PINNACLE CREDIT SERVIC \$1,605.41 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/1/2014 810 1ST ST S STE 260 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **HOPKINS** Minnesota 55343 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes Social Security Administration \$0.00 4.17 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 3430 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Philadelphia Pennsylvania 19122 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Social Security Overpayment of Other. Specify benefits Is the claim subject to offset? **✓** No Yes 4.18 Sprint \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 219554 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 64121 Kansas City Missouri City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Cell phone Is the claim subject to offset?

✓ No Yes

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 **TMobile** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45274 Cincinnati Ohio City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Cell phone Is the claim subject to offset? **✓** No Yes 4.20 Trinity Hospital \$0.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 2320 E 93rd n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60617 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Bills Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Catina Jones Case number (if known)

| FIRST Na                 | me Middle Name Last Name  |         |                      |          |
|--------------------------|---|---------|----------------------|----------|
| Part 4: Add t            | ne Amounts for Each Type of Unsecured Claim   |         |                      |          |
|                          | amounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | tatistical reportinç | j purpo: |
|                          |   |         | Total claims         |          |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |          |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |          |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |          |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |          |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |          |
|                          | ee. Total. Add lines oa through od.   | oe.     |                      |          |
|                          |   |         | Total claims         |          |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$14,491.00          |          |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.     | \$0.00               |          |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.     | \$0.00               |          |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                                | 6i.     | \$14,694.95          |          |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$29,185.95          |          |

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|                        |  | Jones                |  |  |
|------------------------|--|----------------------|--|--|
| t Name                 | Middle Name                              | Last Name            |  |  |
|                        |  |                      |  |  |
| t Name                 | Middle Name                              | Last Name            |  |  |
| uptcy Court for the: N | orthern                                  | District of Illinois |  |  |
| _                      |  | (State)              |  |  |
|                        | ot Name<br>uptcy Court for the: <u>N</u> |                      |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or comp         | oany with whom you have | the contract or lease | State what the contract or lease is for                   |  |  |  |  |
|-----|------------------------|-------------------------|-----------------------|---|--|--|--|--|
| 2.1 | Cheryl Collins<br>Name |                         | _                     | Residential Lease,<br>Other,<br>Monthly Residential Lease |  |  |  |  |
|     | 5046 W. Congre         | ess Parkway             |                       | Worlding Floodornian Educo                                |  |  |  |  |
|     | Number                 | Street                  |                       |   |  |  |  |  |
|     | Chicago                | Illinois                | 60644                 |   |  |  |  |  |
|     | City                   | State                   | Zip Code              |   |  |  |  |  |

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|             |   | D  | cument rage                        | , 54 01 70  |
|-------------|---|--|------------------------------------|---|
| Fill in thi | is information to identify y  | our case:  |                                    |   |
| Debtor 1    | Catina  |  | Jones                              |   |
|             | First Name  | Middle Name  | Last Name                          |   |
| Debtor 2    |   |  |                                    |   |
| (Spouse, it | First Name  | Middle Name  | Last Name                          |   |
| United S    | States Bankruptcy Court for   | r the: Northern  | District of Illinois               |   |
| Case nu     | mhor  |  | (State)                            |   |
| (If known)  |   |  |                                    | <del></del>   |
|             |   |  |                                    | Check if this is an   |
|             |   |  |                                    | amended filing  |
| Offic       | ial Form 106  | 6H   |                                    |   |
|             | 1 1 11 1/   |  |                                    |   |
| Scne        | dule H: Your (  | Jodeptors  |                                    | 12/15   |
| known).     | Answer every question.  | eft. Attach the Additional Pag                                     | · ·                                | p of any Additional Pages, write your name and case number (if              |
|             | no, Louisiana, Nevada, Nev  | e you lived in a community prow<br>W Mexico, Puerto Rico, Texas, V |                                    | (Community property states and territories include Arizona, California, 1.) |
|             | No. Go to line 3.   | <b>.</b>   | January 1915 and 1915 and 1915 and |   |
| ΙЦ          |   | former spouse, or legal equiva                                     | alent live with you at the         | ime?  |
|             | ✓ No  |  | F . O                              |   |
|             | Yes. In which com   | munity state or territory did yo                                   | u live'?                           | Fill in the name and current address of that person.                        |
|             | Name of your spo  | use, former spouse, or legal equ                                   | ivalent                            |   |
|             | , | ,  |                                    |   |
|             | Number Street   |  |                                    | <del></del>   |
|             | City  | State  | Zip Co                             | de  |
|             |   |  |                                    |   |
| ∣3. In C    | Column 1, list all of your  | codebtors. Do not include you                                      | r spouse as a codebtor             | f your spouse is filing with you. List the person shown in line 2           |

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2
again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),
Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| Fill in this information to identif  | V VOLIK 0000.  |                               |                   |                             |                               |   |                                  |
|--|--|-------------------------------|-------------------|-----------------------------|-------------------------------|---|----------------------------------|
| Fill in this information to identif  | y your case:   |                               |                   |                             |                               |   |                                  |
| Debtor 1 Catina  | A 4º J. III. A I   | Jones                         |                   |                             | _                             |   |                                  |
| First Name Debtor 2  | Middle Name  | Last N                        | iame              |                             | Che                           | eck if this is:                               |                                  |
| (Spouse, if filing) First Name   | Middle Name  | Last N                        | lame              |                             | -   🗖                         | An amended filing                             |                                  |
| United States Bankruptcy Court for   | r Northern   | District of III               | inois             |                             |                               | A supplement showing p                        |                                  |
| the:   | 1401410111   |                               | State)            |                             | -                             | expenses as of the follow                     | wing date:                       |
| Case number  |  |                               |                   |                             | _                             | MM / DD / YYYY                                |                                  |
| ,  |  |                               |                   |                             |                               | WIIVI / DD / 1111                             |                                  |
| Official Form 106l   |  |                               |                   |                             |                               |   |                                  |
| Schedule I: Your Ir  | ncome  |                               |                   |                             |                               |   | 12/15                            |
| Be as complete and accurate a responsible for supplying corre information about your spouse. spouse. If more space is neede number (if known). Answer ever Part 1: Describe Employment | ct information. If you are<br>If you are separated and<br>d, attach a separate she<br>ry question. | married ar                    | nd no<br>se is    | ot filing joi<br>not filing | ntly, and you<br>with you, do | r spouse is living with not include informati | n you, include<br>ion about your |
| 4 Fill in community  |  | Debtor 1                      | ı                 |                             |                               | Debtor 2                                      |                                  |
| <ol> <li>Fill in your employment information.</li> </ol>   |  |                               |                   |                             |                               |   |                                  |
| If you have more than one job,   | Employment status  | <b>✓</b> Emplo                | yed               |                             |                               | Employed                                      |                                  |
| attach a separate page with information about additional   |  | Not Er                        | mploy             | red .                       |                               | Not Employed                                  |                                  |
| employers.   | Occupation   | Onloader                      | Recie             | ving                        |                               |   |                                  |
| Include part time, seasonal, or  | Employer's name  | Dollar Tree Distribution, INC |                   |                             | ;                             | _   | _                                |
| self-employed work.  | Employer's address   | 500 Volvo                     | 500 Volvo Parkway |                             |                               | _   | _                                |
| Occupation may include student or homemaker, if it applies.  |  | Number Street                 |                   |                             |                               | Number Street                                 |                                  |
|  |  |                               |                   |                             |                               |   |                                  |
|  |  | Chesapeal                     | ke                | Virginia                    | 23320                         | _   | _                                |
|  |  | City                          |                   | State                       | Zip Code                      | City  | State Zip Code                   |
|  | How long employed there?   |                               |                   |                             |                               |   |                                  |
|  |  |                               |                   |                             |                               |   |                                  |
| Part 2: Give Details About   | Monthly Income   |                               |                   |                             |                               |   |                                  |
| Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha   | ve more than one employer,   | -                             |                   |                             |                               |   |                                  |
| more space, attach a separate sh   | eet to this form.  |                               |                   | For D                       | ebtor 1                       | For Debtor 2 or                               |                                  |
| List monthly gross wages, sa<br>deductions.) If not paid month<br>be.  | • .  |                               | 2.                |                             | \$1,746.33                    | non-filing spouse                             | -                                |
| 3. Estimate and list monthly ov  | ertime pay.  |                               | 3.                |                             | + \$0.00                      |   | _                                |
| 4. Calculate gross income. Add   | line 2 + line 3.   |                               | 4.                |                             | \$1,746.33                    |   |                                  |

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| Debtor 1Catina  | Jones                      | Case numbe              | r <i>(if</i>                      |                         |  |  |  |
|---|----------------------------|-------------------------|-----------------------------------|-------------------------|--|--|--|
| First Name Middle Name  | Last Name                  | known) For Debtor 1     | For Debtor 2 or non-filing spouse |                         |  |  |  |
| Copy line 4 here  | <b>→</b> 4.                | \$1,746.33              |                                   |                         |  |  |  |
| 5. List all payroll deductions:   |                            |                         |                                   |                         |  |  |  |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                        | \$347.69                |                                   |                         |  |  |  |
| 5b. Mandatory contributions for retirement plans  | 5b.                        | \$0.00                  |                                   |                         |  |  |  |
| 5c. Voluntary contributions for retirement plans  | 5c.                        | \$0.00                  |                                   |                         |  |  |  |
| 5d. Required repayments of retirement fund loans  | 5d.                        | \$0.00                  |                                   |                         |  |  |  |
| 5e. <b>Insurance</b>  | 5e.                        | \$0.00                  |                                   |                         |  |  |  |
| 5f. Domestic support obligations  | 5f.                        | \$0.00                  |                                   |                         |  |  |  |
| 5g. <b>Union dues</b>   | 5g.                        | \$0.00                  |                                   |                         |  |  |  |
| 5h. Other deductions. Specify:  | 5h. +                      | \$0.00 +                | ·                                 |                         |  |  |  |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5h$ .   | 5e +5f + 5g 6.             | \$347.69                |                                   |                         |  |  |  |
| 7. Calculate total monthly take-home pay. Subtract line 6 fro   | m line 4. 7.               | \$1,398.65              |                                   |                         |  |  |  |
| 8. List all other income regularly received:  |                            |                         |                                   |                         |  |  |  |
| 8a. Net income from rental property and from operating<br>business, profession, or farm Attach a statement for each property and business showing   |                            |                         |                                   |                         |  |  |  |
| gross receipts, ordinary and necessary business expenses  | s, and                     | Ф0.00                   |                                   |                         |  |  |  |
| the total monthly net income.   | 8a.                        | \$0.00                  |                                   |                         |  |  |  |
| 8b. Interest and dividends  | 8b.                        | \$0.00                  |                                   |                         |  |  |  |
| 8c. Family support payments that you, a non-filing spous<br>dependent regularly receive<br>Include alimony, spousal support, child support, mainten   |                            |                         |                                   |                         |  |  |  |
| divorce settlement, and property settlement.  | 8c                         | \$0.00                  |                                   |                         |  |  |  |
| 8d. Unemployment compensation   | 8d.                        | \$0.00                  |                                   |                         |  |  |  |
| 8e. Social Security   | 8e.                        | \$0.00                  |                                   |                         |  |  |  |
| 8f. Other government assistance that you regularly rece Include cash assistance and the value (if known) of any no cash assistance that you receive, such as food stamps (be under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:   | on-                        |                         |                                   |                         |  |  |  |
| Food Assistance Programs Income   | 8f                         | \$100.00                |                                   |                         |  |  |  |
| 8g. Pension or retirement income  | 8g.                        | \$0.00                  |                                   |                         |  |  |  |
| 8h. Other monthly income. Specify:<br>Voluntary Household Contributions Income  | 8h. + _                    | \$200.00 +              |                                   |                         |  |  |  |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f   | +8g + 8h. 9.               | \$300.00                |                                   |                         |  |  |  |
| 10. <b>Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-fil  | 10. Iing spouse            | \$1,698.65              | =                                 | \$1,698.65              |  |  |  |
| 11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. |                            |                         |                                   |                         |  |  |  |
| Specify:  | amounts that are not av    | andbio to pay expenses  | 11.                               | + \$0.00                |  |  |  |
|   |                            |                         |                                   |                         |  |  |  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies   |                            |                         |                                   |                         |  |  |  |
|   |                            |                         |                                   | Combined monthly income |  |  |  |
| 13. Do you expect an increase or decrease within the year after you file this form?  No.  |                            |                         |                                   |                         |  |  |  |
|   |                            |                         |                                   |                         |  |  |  |
| Yes. Explain: Link was received for March, April and I  | May only. Client will no k | onger receive after May |                                   |                         |  |  |  |

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|                                  |                                   | Doci  | ument Page 37 of 7                                  | 6                 |  |            |
|----------------------------------|-----------------------------------|---|---|-------------------|--|------------|
| Fill in this infor               | mation to identif                 | y your case:  |   |                   |  |            |
| Debtor 1                         | Catina                            |   | Jones   |                   |  |            |
| Debtor 2                         | First Name                        | Middle Name   | Last Name   | Check if this is: |  |            |
| (Spouse, if filing)              | First Name                        | Middle Name   | Last Name   | An amended fili   | ng                                       |            |
|                                  | Bankruptcy Court                  | for the: Northern   | District of Illinois (State)                        |                   | howing post-petition the following date: | chapter 13 |
| Case number<br>(If known)        |                                   |   |   | MM / DD / YYY     | <del>/</del>                             |            |
| Official                         | Form 10                           | 16J   |   |                   |  |            |
| Schedul                          | e J: Your                         | Expenses  |   |                   |  | 12/15      |
| information. If                  |                                   | as possible. If two married people a<br>eeded, attach another sheet to this<br>ion. |   |                   |  | ber        |
| Part 1: Des                      | cribe Your Ho                     | usehold   |   |                   |  |            |
| 1. Is this a joi                 | nt case?                          |   |   |                   |  |            |
| ✓ No. Go                         | to line 2                         |   |   |                   |  |            |
| Yes. D                           | oes Debtor 2 live                 | e in a separate household?  |   |                   |  |            |
|                                  | No                                |   |   |                   |  |            |
|                                  | Yes. Debtor 2                     | must file Official Forms 106J-2, Expe   | nses for Separate Household of Deb                  | tor 2.            |  |            |
| 2. Do you hav                    | e dependents?                     | No  |   |                   |  |            |
| Do not list Debtor 2.            | ebtor 1 and                       | Yes. Fill out this information for each dependent                                   | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age   | Does dependent with you?                 | live       |
|                                  |                                   |   | Child   | 3 years           | Yes.                                     |            |
|                                  |                                   |   | Child   | 21 years          | No.                                      |            |
|                                  |                                   |   |   | <del></del>       | ✓ Yes.                                   |            |
| expenses o                       | penses include<br>f people other  | ✓ No  |   |                   |  |            |
| than<br>yourself an<br>dependent | -                                 | Yes   |   |                   |  |            |
| Part 2: Esti                     | mate Your On                      | going Monthly Expenses  |   |                   |  |            |
|                                  | of a date after th                | your bankruptcy filing date unless<br>ne bankruptcy is filed. If this is a su       |   |                   |  |            |
|                                  |                                   | h non-cash government assistance<br>luded it on <i>Schedule I: Your Incom</i> e     |   |                   | Your e                                   | expenses   |
|                                  | or home owner or the ground or le | rship expenses for your residence. It ot. 4.  | nclude first mortgage payments and                  |                   | 4.                                       | \$500.00   |
| If not inc                       | uded in line 4:                   |   |   |                   |  |            |
| 4a. Real e                       | state taxes                       |   |   |                   | 4a                                       | \$0.00     |

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Catina Jones Case number (if known) Last Name

| FIISTName   | Middle Name Last Name  |            |                                       |
|---|--|------------|---------------------------------------|
|   |  |            | Your expenses                         |
| 5. Additional mortgage paymen                                       | ts for your residence, such as home equity loans                           | 5.         | \$0.00                                |
| 6. Utilities:   |  |            |                                       |
| 6a. Electricity, heat, natural gas                                  |  | 6a.        | \$125.00                              |
| 6b. Water, sewer, garbage coll                                      | ection   | 6b.        | \$0.00                                |
| 6c. Telephone, cell phone, Int                                      | ernet, satellite, and cable services                                       | 6c.        | \$100.00                              |
| 6d. Other. Specify:   |  | 6d         | \$0.00                                |
| 7. Food and housekeeping supp                                       | blies  | 7.         | \$200.00                              |
| 8. Childcare and children's edu                                     | cation costs   | 8.         | \$0.00                                |
| 9. Clothing, laundry, and dry cl                                    | eaning   | 9.         | \$30.00                               |
| 10. Personal care products and                                      | services   | 10.        | \$23.00                               |
| 11. Medical and dental expens                                       | es   | 11.        | \$0.00                                |
| 12. <b>Transportation.</b> Include gas, Do not include car payments | maintenance, bus or train fare.  | 12.        | \$100.00                              |
| 13. Entertainment, clubs, recre                                     | ation, newspapers, magazines, and books                                    | 13.        | \$0.00                                |
| 14. Charitable contributions ar                                     | d religious donations  | 14.        | \$0.00                                |
| 15. <b>Insurance.</b> Do not include insurance dedu                 | cted from your pay or included in lines 4 or 20.                           |            | · · · · · · · · · · · · · · · · · · · |
| 15a. Life insurance   |  | 15a        | \$0.00                                |
| 15b. Health insurance   |  | 15b        | \$139.83                              |
| 15c. Vehicle insurance  |  | 15c        | \$90.00                               |
| 15d. Other insurance. Specify:                                      |  | 15d        | \$0.00                                |
| 16. Taxes. Do not include taxes of                                  | leducted from your pay or included in lines 4 or 20.                       |            |                                       |
| Specify:  |  | 16         | \$0.00                                |
| 17. Installment or lease payme                                      | nts:   | 10         |                                       |
| 17a. Car payments for Vehicle                                       |  | 17a        | \$0.00                                |
| 17b. Car payments for Vehicle                                       | 2  | 17b        | \$0.00                                |
| 17c. Other. Specify:  |  | 17c        | \$0.00                                |
|   |  | 17d        | \$0.00                                |
|   | maintenance, and support that you did not report as deducted from          |            | \$0.00                                |
|   | e I, Your Income (Official Form 106I).                                     | 18.        |                                       |
| , , ,   | o support others who do not live with you.                                 |            |                                       |
| Specify:  | a mat included in times 4 and a state from an an Oakadula I. Varm Income   | 19.        | \$0.00                                |
| 20. Other real property expense 20a. Mortgages on other prop        | s not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 200        | <b>\$0.00</b>                         |
| 20b. Real estate taxes.   | y  | 20a<br>20b | \$0.00<br>\$0.00                      |
| 20c. Property, homeowner's,   | or renter's insurance  |            |                                       |
| 20d. Maintenance, repair, and                                       |  | 20c<br>20d | \$0.00<br>\$0.00                      |
| 20e. Homeowner's association  |  |            |                                       |
| 200. Homowiter 3 association  | i oi oondominam duoo   | 20e        | \$0.00                                |

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| Debtor 1      | Catina             |  | Jones                       | Case number (if known) |     |            |
|---------------|--------------------|--|-----------------------------|------------------------|-----|------------|
|               | First Name         | Middle Name  | Last Name                   |                        |     | _          |
| 21.Other      | . Specify:         |  |                             |                        | 21  | \$0.00     |
|               |                    |  |                             |                        |     |            |
| 22. Calc      | ulate your m       | onthly expenses.   |                             |                        |     | \$1,307.83 |
| 22a. <i>A</i> | Add lines 4 th     | rough 21.  |                             |                        |     | \$0.00     |
| 22b. (        | Copy line 22       | (monthly expenses for Debtor 2), if any  | , from Official Form 106J-2 |                        |     | \$1,307.83 |
| 22c. A        | Add line 22a a     | and 22b. The result is your monthly ex   | penses.                     |                        | 22. |            |
| 23.Calcu      | late your me       | onthly net income.   |                             |                        |     |            |
| 23a. C        | Copy line 12 (     | (your combined monthly income) from  | Schedule I.                 |                        | 23a | \$1,698.65 |
| 23b. (        | Copy your mo       | onthly expenses from line 22 above.  |                             |                        | 23b | \$1,307.83 |
| 23c. S        | Subtract your      | monthly expenses from your monthly   | income.                     |                        |     | \$390.82   |
| -             | The result is y    | our monthly net income.  |                             |                        | 23c |            |
| mort          | gage paymer lo 'es | rou expect to finish paying for your car<br>at to increase or decrease because of a<br>ain here: |                             |                        |     |            |
|               |                    |  |                             |                        |     | '          |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Catina                    |             | Jones                        |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |             | (=::::)                      |  |  |  |  |  |

### Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to I                                  | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Catina Jones   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 2/22/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Debtor 1  Debtor 2 (Spouse, if filing)  United State | Catina<br>First Nam           |                             |                              |          |                     |                  |          |          |   |
|--|-------------------------------|-----------------------------|------------------------------|----------|---------------------|------------------|----------|----------|---|
| (Spouse, if filing                                   | First Nam                     |                             |                              |          | Jones               |                  |          |          |   |
| (Spouse, if filing                                   |                               | Э                           | Middle                       | Name     | Last Nam            | е                |          |          |   |
| United State   | First Nam                     | <u> </u>                    | Middle                       | Name     | Last Nam            | e                |          |          |   |
|  | s Bankruptcy (                | Court for the:              | Northern                     |          | District of Illino  | is               |          |          |   |
| Case number  | er                            |                             |                              |          | (Stat               | e)               |          |          |   |
| (If known)   | ·                             |                             |                              |          |                     |                  |          |          | Check if this is a                      |
| Officia  | l Form                        | 107                         |                              |          |                     |                  |          |          | amended filing                          |
| Statem   | ent of F                      | <br>inancia                 | l Affairs f                  | or In    | dividuals           | Filina for       | r Bankrı | intev    | 12/1                                    |
| information<br>number (if I                          | n. If more spa<br>known). Ans | ace is neede<br>wer every q | ed, attach a sep<br>uestion. | arate si | neet to this form   | . On the top o   |          |          | supplying correct<br>your name and case |
|  |                               |                             |                              | and w    | here You Lived      | ветоге           |          |          |   |
| 1. What  | is your curre                 | nt marital sta              | atus?                        |          |                     |                  |          |          |   |
|  | Married                       |                             |                              |          |                     |                  |          |          |   |
| ✓ N  | Not married                   |                             |                              |          |                     |                  |          |          |   |
| 2. Durin   | g the last 3 ye               | ears, have yo               | u lived anywher              | e other  | than where you liv  | e now?           |          |          |   |
|  | No                            |                             |                              |          |                     |                  |          |          |   |
| ✓ Y  | es. List all of t             | he places yo                | ou lived in the las          | t 3 year | s. Do not include v | vhere you live r | now.     |          |   |
|  | Debtor 1:                     |                             |                              | Date:    | s Debtor 1 lived    | Debtor 2:        |          |          | Dates Debtor 2 lived there              |
|  |                               |                             |                              |          |                     | Same as          | Debtor 1 |          | Same as Debtor 1                        |
| 5  | 522 E. 142nd S                | Street                      |                              |          |                     |                  |          |          | _                                       |
| _  | Number Street                 |                             |                              |          | 09/2011             | Number Stre      | eet      |          | From                                    |
| =  |                               |                             |                              | То       | 06/2015             |                  |          |          | To                                      |
|  | Dolton<br>Dity                | Illinois<br>State           | Zip Code                     |          |                     | City             | State    | Zip Code |   |
| _  | ,                             |                             | ·                            |          |                     | Same as          | Debtor 1 |          | Same as Debtor 1                        |
|  | 1101 S. Federa                | I                           |                              |          |                     | _                |          |          | _                                       |
| 4  | Number Street                 | •                           |                              | From     | 06/2015             | Number Stre      | eet      |          | From                                    |
| _  |                               |                             |                              | То       | 08/2015             |                  |          |          | To                                      |
| _  |                               |                             |                              |          |                     |                  |          |          |   |
|  | Chicago<br>City               | Illinois<br>State           | 60609<br>Zip Code            |          |                     | City             | State    | Zip Code |   |

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$1945.52 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$4935.91 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$25000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) Est. YTD Link \$200.00 From January 1 of current year until the date you filed for bankruptcy: Est. 2016 Link \$4,284.00 For last calendar year: Est. 2016 (January 1 to December 31, 2016 \$3,200.00 Unemployment Est. 2015 Link \$2,298.00 For the calendar year before that: (January 1 to December 31, 2015

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Debtor 1 Catina Jones \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insider's licitude your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider.  Dates of payment Amount you still owe Reason for this payment still owe  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a | or 1 Catina   |  | Jones   |   | Case number (i                        | f known)  |
|---|---|--|---|---|---------------------------------------|---|
| Insider's Name Number Street  City State Zip Code  City State Zip Code  City State Zip Code   | First Name  | Middle   | ame Last Nan  | ne  |                                       |   |
| Yes. List all payments to an insider.  Dates of payment Total amount paid Still owe  Insider's Name  Number Street  Insider's Name  Number Street  City State Zip Code  City State Zip Code   | nsiders include your<br>corporations of whick<br>agent, including one | relatives; any general pa<br>n you are an officer, dire<br>for a business you oper | tners; relatives of any gene<br>stor, person in control, or o | eral partners; partners<br>wner of 20% or m | erships of which your of their voting | ou are a general partner;<br>securities; and any managing |
| Insider's Name Number Street  City State Zip Code  City State Zip Code  City State Zip Code   | <b>✓</b> No   |  |   |   |                                       |   |
| Insider's Name Number Street  City State Zip Code  Insider's Name Number Street  City State Zip Code  | Yes. List all pay   | ments to an insider.   |   |   |                                       |   |
| City State Zip Code  Insider's Name  Number Street  City State Zip Code   |   |  |   |   |                                       | Reason for this payment                                   |
| City State Zip Code  Insider's Name  Number Street  City State Zip Code   | Insider's Name  |  | <u> </u>  |   |                                       |   |
| Insider's Name Number Street  City State Zip Code   | Number Street   |  |   |   |                                       |   |
| Number Street  City State Zip Code  | City  | State Zip Code   |   |   |                                       |   |
| City State Zip Code   | Insider's Name  |  |   |   |                                       |   |
|   | Number Street   |  | <u> </u>  |   |                                       |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a   | City  | State Zip Code   |   |   |                                       |   |
| insider? Include payments on debts guaranteed or cosigned by an insider.  ✓ No  ✓ Yes. List all payments that benefited an insider.  Dates of payment  Amount you still owe  Include creditor's name  | insider?<br>Include payments on                                       | debts guaranteed or co   | signed by an insider.  n insider.  Dates of                   | Total amount                                | Amount you                            | Reason for this payment                                   |
| Insider's Name  | Incidor's Namo  |  |   |   |                                       | module deditor's frame                                    |
| Number Street   |   |  | <u></u>   |   |                                       |   |
| - Humber Circle   |   |  |   |   |                                       |   |
| City State Zip Code   | City  | State Zip Code   |   |   |                                       |   |
| Insider's Name  | Insider's Name  |  | <u> </u>  |   |                                       |   |
| Number Street   | Number Street   |  |   |   |                                       |   |
| City State Zip Code   | Cit.  | State Zip Code   | <u> </u>  |   |                                       |   |

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Jones

Debtor 1 Catina Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Other Judgment Cook County Circuit Court Pending Court Name On appeal 50 West Washington Street Case number **NumberStreet** Concluded 11M6001750 60602 Chicago Illinois City State Zip Code Case title Other Claim Pending Cook County Circuit Court Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded 2010-M1-728940 Chicago Illinois 60602 City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Garnishment for Vehicle 04/2016 \$371 **CNAC** Creditor's Name Explain what happened 3227 South Westnedge Number Street Property was repossessed. Property was foreclosed. Michigan Kalamazoo 49008 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property 2005 Ford Taurus 03/2016 \$0 **CNAC** Creditor's Name Explain what happened 3227 South Westnedge Number Street Property was repossessed. Property was foreclosed. Kalamazoo Michigan 49008 Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Catina  | Jones                          | Case number (if known)                        |                       |
|------|---|--------------------------------|---|-----------------------|
|      | First Name Middle Name  | Last Name                      |   | <u> </u>              |
| 11.  | accounts or refuse to make a payment because  |                                | pank or financial institution, set off any am | ounts from your       |
|      | Yes. Fill in the details.   |                                |   |                       |
|      |   | Describe the action th         | e creditor took  Date action was taken        | Amount                |
|      | Creditor's Name   | _                              |   |                       |
|      | Number Street   | _                              |   |                       |
|      |   | _ Last 4 digits of account     | number: XXXX-                                 |                       |
|      | City State Zip Code   | _                              |   |                       |
| 12.  | Within 1 year before you filed for bankruptcy, was appointed receiver, a custodian, or another offici |                                | possession of an assignee for the benefit of  | f creditors, a court- |
|      | ✓ No ☐ Yes  |                                |   |                       |
| Part | List Certain Gifts and Contributions  |                                |   |                       |
| 13.  | Within 2 years before you filed for bankruptcy, d   | id you give any gifts with a t | otal value of more than \$600 per person?     |                       |
|      | <b>✓</b> No   | , , ,                          |   |                       |
|      | Yes. Fill in the details for each gift.   |                                |   |                       |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts             | Dates you<br>gave the<br>gifts                | Value                 |
|      |   |                                |   |                       |
|      | Person to Whom You Gave the Gift  | _                              |   |                       |
|      | Number Street   | _                              |   |                       |
|      | City State Zip Code   | _                              |   |                       |
|      | Person's relationship to you  |                                |   |                       |
|      | Person to Whom You Gave the Gift  | _                              |   |                       |
|      |   | _                              |   |                       |
|      | Number Street   | _                              |   |                       |
|      | City State Zip Code   | _                              |   |                       |
|      | Person's relationship to you  |                                |   |                       |

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| ebtor 1 | Catina   |  | Jones   | Case number (if kno           | wn)                                     |                     |
|---------|--|--|---|-------------------------------|---|---------------------|
|         | First Name Middle N  | Name   | Last Name   |                               | · <del></del>                           |                     |
|         |  |  |   |                               |   |                     |
| . Wit   | hin 2 years before you filed for bankru  | uptcy, did yo  | ou give any gifts or contrib  | utions with a total value     | of more than \$600                      | to any charity?     |
|         | No   |  |   |                               |   |                     |
| ✓       | No   |  |   |                               |   |                     |
|         | Yes. Fill in the details for each gift or  | contribution   |   |                               |   |                     |
|         | Gifts or contributions to charities  |  | Describe what you cont  | ributed                       | Date you                                | Value               |
|         | that total more than \$600   |  | Describe what you conti   | iibuteu                       | contributed                             | Value               |
|         | that total more than \$600   |  |   |                               | Contributed                             |                     |
|         |  |  |   |                               |   |                     |
|         | Charity's Name   |  |   |                               |   |                     |
|         |  |  |   |                               |   |                     |
|         |  |  |   |                               |   |                     |
|         | Number Street  |  |   |                               |   |                     |
|         |  |  |   |                               |   |                     |
|         | City State Zip 0   | Code   |   |                               |   |                     |
|         | 5.ty 5tatep t  | 0000   |   |                               |   |                     |
| + 6.    | List Certain Losses  |  |   |                               |   |                     |
|         | hin 1 year before you filed for bankrup<br>nbling?<br>No<br>Yes. Fill in the details.  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | ,, <u>,</u>                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,                   |
| _       | Describe the property you lost and   |  | Describe any insurance  | coverage for the loss         | Date of your                            | Value of property   |
|         | how the loss occurred  |  | Include the amount that in  |                               | loss                                    | lost                |
|         | now the 1033 occurred  |  | pending insurance claims  |                               | 1033                                    | 1031                |
|         |  |  | A/B: Property.  | o                             |   |                     |
|         |  |  | ,,  |                               |   |                     |
|         |  |  |   |                               |   |                     |
|         |  |  |   |                               |   |                     |
| Wit     | List Certain Payments or Transfe<br>hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition pr  | ptcy, did you<br>a bankruptcy  | y petition?   |                               |   | anyone you consulte |
| . Wit   | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a   | ptcy, did you<br>a bankruptcy  | y petition?   |                               |   | anyone you consulte |
| . Wit   | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition pr  | ptcy, did you<br>a bankruptcy  | y petition?   |                               |   | anyone you consulte |
| Wit     | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition pr<br>No  | ptcy, did you<br>a bankruptcy  | y petition?<br>credit counseling agencies for                                     | r services required in your b | oankruptcy.                             |                     |
| Wit     | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition pr<br>No  | ptcy, did you<br>a bankruptcy  | y petition?  predit counseling agencies for  Description and value of             | r services required in your b | pankruptcy.  Date payment               | Amount of           |
| Wit     | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition pr<br>No  | ptcy, did you<br>a bankruptcy  | y petition?<br>credit counseling agencies for                                     | r services required in your b | Date payment or transfer                |                     |
| Wit     | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition po<br>No<br>Yes. Fill in the details.   | ptcy, did you<br>a bankruptcy  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup<br>out seeking bankruptcy or preparing a<br>ude any attorneys, bankruptcy petition po<br>No<br>Yes. Fill in the details.   | ptcy, did you<br>a bankruptcy  | y petition?  predit counseling agencies for  Description and value of             | r services required in your b | Date payment or transfer                | Amount of           |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | ptcy, did you<br>a bankruptcy  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street   | ptcy, did you<br>a bankruptcy  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street   | ptcy, did you<br>a bankruptcy  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street   | ptcy, did you<br>a bankruptcy  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor  | ptcy, did you<br>a bankruptcy<br>reparers, or c  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606   | ptcy, did you<br>a bankruptcy<br>reparers, or o  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606   | ptcy, did you<br>a bankruptcy<br>reparers, or c  | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606   | ptcy, did you<br>a bankruptcy<br>reparers, or o  | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606 City State Zip O  | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 606 City State Zip Commonstrates   | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606 City State Zip O  | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606 City State Zip Common of the common | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606 City State Zip O  | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties of the pro | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 606 City State Zip Common of the common | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties of the pro | ptcy, did you<br>a bankruptcy<br>reparers, or co   | petition?  predit counseling agencies for  Description and value of transferred   | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition properties of the pro | ptcy, did you<br>a bankruptcy<br>reparers, or co   | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition provided any attorneys.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 606 City State Zip Companies of the provided and provided and provided and provided and provided and provided any attorneys to the provided and provided any attorneys, bankruptcy petition provided any attorneys attorneys petition provided any attorneys petition provided any attorneys petition provided any attorn | ptcy, did you<br>a bankruptcy<br>reparers, or co   | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition provided any attorneys.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 606 City State Zip Common City State Street  Person Who Made the Payment, if Not Street  Person Who Was Paid  Number Street  City State Zip Common City State Zip Common City State Street   | ptcy, did you a bankruptcy reparers, or control of the control of  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| Wit     | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition provided any attorneys.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 606 City State Zip Companies of the provided and provided and provided and provided and provided and provided any attorneys to the provided and provided any attorneys, bankruptcy petition provided any attorneys attorneys petition provided any attorneys petition provided any attorneys petition provided any attorn | ptcy, did you a bankruptcy reparers, or control of the control of  | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |
| . Wit   | hin 1 year before you filed for bankrup out seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition provided any attorneys.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 606 City State Zip Common City State Street  Person Who Made the Payment, if Not Street  Person Who Was Paid  Number Street  City State Zip Common City State Zip Common City State Street   | ptcy, did you a bankruptcy reparers, or construction of the constr | y petition?  credit counseling agencies for  Description and value of transferred | r services required in your b | Date payment or transfer was made       | Amount of payment   |

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| Debt | or 1     | Catina   |   | Jones   | Case number (if known)              |  |                                  |
|------|----------|--|---|---|-------------------------------------|--|----------------------------------|
|      |          | First Name                                     | Middle Name   | Last Name   |                                     |  |                                  |
| 17.  | help     | p you deal with your cre                       | led for bankruptcy, did yeditors or to make paym<br>or transfer that you listed |   | half pay or transfer                | any property to a                          | nyone who promised to            |
|      | Ħ        | Yes. Fill in the details.                      |   |   |                                     |  |                                  |
|      | Ш        | 1 Co. 1 III II 1 ti lo dotalio.                |   |   |                                     |  |                                  |
|      |          |  |   | Description and value of any pro<br>transferred   | репту                               | Date<br>payment or<br>transfer was<br>made | Amount of payment                |
|      |          | Person Who Was Paid                            |   |   |                                     |  |                                  |
|      |          | Number Street                                  |   |   |                                     |  |                                  |
|      |          |  |   |   |                                     |  |                                  |
|      |          | City State                                     | e Zip Code  |   |                                     |  |                                  |
|      | <b>✓</b> | No<br>Yes. Fill in the details.                |   | Description and value of any property transferred | Describe any payments rein exchange | r property or<br>ceived or debts pa        | Date<br>aid transfer was<br>made |
|      |          | Person Who Received T                          | ransfer   |   |                                     |  |                                  |
|      |          | Number Street                                  |   |   |                                     |  |                                  |
|      |          | City State                                     | e Zip Code  |   |                                     |  |                                  |
|      |          | Person's relationship to                       |   |   |                                     |  |                                  |
|      |          | Person Who Received T                          | ransfer   |   |                                     |  |                                  |
|      |          | Number Street                                  |   |   |                                     |  |                                  |
|      |          |  |   |   |                                     |  |                                  |
|      |          | City State Person's relationship to            | •   |   |                                     |  |                                  |
| 19.  | ben      | eficiary?<br>ese are often called asset-<br>No |   | you transfer any property to a self-              | settled trust or simi               | ilar device of whic                        | :h you are a                     |
|      | Ш        | Yes. Fill in the details.                      |   |   |                                     |  |                                  |
|      |          |  |   | Description and value of the pr                   | operty transferred                  |  | Date<br>transfer was<br>made     |
|      |          | Name of trust                                  |   |   |                                     |  |                                  |

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred JPMorgan Chase Bank, NA XXXX-0000 Checking 11/2015 \$ -0.07 Person Who Was Paid Savings PO Box 15298 Number Street Money market Brokerage Wilmington 19850 Delaware Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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Debtor 1 Catina Jones Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb |       | Catina                                  |                |   | Jo            | ones            | Cas                   | e number <i>(ii</i> | fknown)       |                 |                    |
|-----|-------|---|----------------|---|---------------|-----------------|-----------------------|---------------------|---------------|-----------------|--------------------|
|     |       | First Name                              |                | Middle Name                                 | La            | st Name         |                       |                     |               |                 |                    |
| 26. | Hav   | e you been a part                       | y in any judic | ial or administ                             | rative proce  | eding under     | any environmen        | ital law? In        | clude settler | ments and ord   | ers.               |
|     |       | No<br>Yes. Fill in the det              | ails.          |   |               |                 |                       |                     |               |                 |                    |
|     | _     |   |                |   | Court or ag   | ency            |                       | Nature (            | of the case   |                 | Status of the case |
|     |       | Case title                              |                |   |               |                 |                       |                     |               |                 | Pending            |
|     |       |   |                |   | Court Name    |                 |                       |                     |               |                 | On appeal          |
|     |       | Case number                             |                |   | NumberStre    | et              |                       |                     |               |                 | Concluded          |
|     |       |   |                |   | City          | State           | Zip Code              |                     |               |                 |                    |
| Par | t 11: | Give Details Al                         | oout Your B    | usiness or Co                               | onnections    | s to Any Bu     | siness                |                     |               |                 |                    |
| 27. | With  | nin 4 years before                      | you filed for  | bankruptcy, die                             | d you own a   | business or     | have any of the       | following c         | onnections t  | o any business  | s?                 |
|     |       | A sole propri                           | etor or self-e | mployed in a tra                            | ade, profes   | sion, or other  | r activity, either fo | ull-time or p       | oart-time     |                 |                    |
|     |       | A member of                             | a limited liab | ility company (I                            | LC) or limite | ed liability pa | artnership (LLP)      |                     |               |                 |                    |
|     |       | A partner in a                          | -              |   |               |                 |                       |                     |               |                 |                    |
|     |       | _                                       |                | naging executive f the voting or $\epsilon$ | -             |                 | noration              |                     |               |                 |                    |
|     |       | _                                       |                | _   |               | 1100 01 0 001   | o or autor r          |                     |               |                 |                    |
|     | 씜     | No. None of the a<br>Yes. Check all tha |                |   |               | w for each t    | ousiness.             |                     |               |                 |                    |
|     | ш     |   |                |   |               |                 | ure of the busine     | ss                  | Employer I    | dentification r | number Do not      |
|     |       |   |                |   |               |                 |                       |                     |               | cial Security n | umber or ITIN.     |
|     |       | Business Name                           |                |   |               |                 |                       |                     | EIN:          |                 |                    |
|     |       | Number Street                           |                |   | — Name        | of account      | ant or bookkeep       | or                  | Dates busi    | ness existed    |                    |
|     |       | City                                    | State          | Zip Code                                    | _             | , or account    | ant of bookkeep       |                     | From          | То              |                    |
|     |       |   |                |   |               |                 |                       |                     |               |                 |                    |
|     |       |   |                |   | Desc          | ribe the natu   | ure of the busine     | ss                  |               |                 | number Do not      |
|     |       |   |                |   | _             |                 |                       |                     | EIN:          | olar ocounty in | idiliber of frint. |
|     |       | Business Name                           |                |   |               |                 |                       |                     |               |                 |                    |
|     |       | Number Street                           |                |   | Name          | of account      | ant or bookkeep       | er                  | Dates busi    | ness existed    |                    |
|     |       | City                                    | State          | Zip Code                                    |               |                 |                       |                     | From          | To              |                    |
|     |       |   |                |   |               |                 |                       |                     |               |                 |                    |
|     |       |   |                |   | Docas         | ribo the net    | ure of the busine     |                     | Employer      | dontification = | number Do not      |
|     |       |   |                |   | Desc          | nbe the natu    | are or the busine     | 35                  |               |                 | number or ITIN.    |
|     |       | Business Name                           |                |   |               |                 |                       |                     | EIN:          |                 |                    |
|     |       | Number Street                           |                |   | _             |                 |                       |                     | Dates busi    | ness existed    |                    |
|     |       | City                                    | State          | Zip Code                                    | Name          | of account      | ant or bookkeep       | er                  | From          | To              |                    |
|     |       | •                                       | <del></del>    | 1, 1100                                     |               |                 |                       |                     |               | 10              |                    |
|     |       |   |                |   |               |                 |                       |                     |               |                 |                    |

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| Debto  | or 1 Catina               |                                      |   | Jones                         | Case number (if known)   |
|--------|---------------------------|--------------------------------------|---|-------------------------------|--|
|        | First Name                |                                      | Middle Name                               | Last Name                     |  |
|        | creditors, or othe        |                                      | bankruptcy, did y                         | ou give a financial statem    | ent to anyone about your business? Include all financial institutions,   |
|        | _                         |                                      |   | Date issued                   |  |
|        |                           |                                      |   |                               |  |
|        | Name                      |                                      |   | MM/DD/YYYY                    | -  |
|        | Number Stre               | eet                                  |   | _                             |  |
|        | -                         |                                      |   | _                             |  |
|        | City                      | State                                | Zip Code                                  |                               |  |
| Part 1 | 12: Sign Below            | ,                                    |   |                               |  |
| tre    | ue and correct. I         | understand that<br>can result in fin | making a false sta<br>es up to \$250,000, | atement, concealing prop      | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        | _                         | /s/ Catina Jones                     |   |                               | Signature of Debtor 2  |
|        | Oiç                       | gnature or Debtor                    |   |                               | Date   |
|        | Da                        | ate 2/22/2017                        |   |                               | Date   |
|        | No Yes id you pay or agre |                                      |   | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)? bankruptcy forms?  |
|        | No<br>Yes. Name of pe     | erson                                |   |                               | Attach the Bankruptcy Petition Preparer's Notice,  |
| L      |                           | 213011                               |   |                               | Declaration and Signature (Official Form 119)  |

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| Debtor 1   |                  |                 |                    | Jones                            | Case number (if known)              |                       |
|------------|------------------|-----------------|--------------------|----------------------------------|-------------------------------------|-----------------------|
|            | First Name       |                 | Middle Name        | Last Name                        |                                     |                       |
|            | Additional Page  | е               |                    |                                  |                                     |                       |
| 10. Within | 1 year before yo | u filed for ban | kruptcy, was any o | f your property repossessed, for | reclosed, garnished, attached, seiz | ed, or levied?        |
|            |                  |                 |                    | Describe the property            | Date                                | Value of the property |
|            | CNAC/MI105       |                 |                    | 2/7/2017 Ford Taurus reposses    | sed                                 |                       |
|            | Creditor's Name  |                 |                    |                                  |                                     |                       |
|            | 3718 STADIUM D   | OR              |                    | Explain what happened            |                                     |                       |
|            | Number Street    |                 |                    |                                  |                                     |                       |
|            | KALAMAZOO        | Michigan        | 49008              | Property was repossessed.        |                                     |                       |
|            | City             | State           | Zip Code           | Property was foreclosed.         |                                     |                       |
|            |                  |                 |                    | Property was garnished.          |                                     |                       |
|            |                  |                 |                    | Property was attached, seize     | ed, or levied.                      |                       |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|      | NO   | orthern District of Illinois   |                                    |
|------|--|--|------------------------------------|
| n re | Catina Jones   | Case No.   |                                    |
|      | Debtor   |  | (If known)                         |
|      |  | Chapter  | Chapter 13                         |
|      | DISCLOSURE OF COMPE  | ENSATION OF ATTORNE  | Y FOR DEBTOR                       |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P compensation paid to me within one year before trendered or to be rendered on behalf of the debto | the filing of the petition in bankruptcy, or agre  | eed to be paid to me, for services |
|      | For legal services, I have agreed to accept  |  | \$4,000.00                         |
|      | Prior to the filing of this statement I have received  | d .  | \$350.00                           |
|      | Balance Due  |  | \$3,650.00                         |
| 2.   | The source of the compensation paid to me was:   |  |                                    |
|      | <b>✓</b> Debtor  | Other (specify)  |                                    |
| 3.   | The source of the compensation paid to me is:  |  |                                    |
|      | <b>✓</b> Debtor  | Other (specify)  |                                    |
| 4.   | I have not agreed to share the above-disclose members and associates of my law firm.   | ed compensation with any other person unles  | s they are                         |
|      |  | ompensation with a other person or persons way of the agreement, together with a list of the attached. |                                    |
| 5.   | In return for the above-disclosed fee, I have agree<br>a. Analysis of the debtor's financial situation<br>bankruptcy;                              | ed to render legal service for all aspects of the n, and rendering advice to the debtor in detern      |                                    |
|      | b. Preparation and filing of any petition, sch   | edules, statements of affairs and plan which n   | may be required;                   |
|      | c. Representation of the debtor at the meeting   | ng of creditors and confirmation hearing, and  | any adjourned hearings thereof;    |
|      | d. Representation of the debtor in adversary   | proceedings and other contested bankruptcy   | matters;                           |
| 6.   | By agreement with the debtor(s), the above-disclo  | osed fee does not include the following service  | es:                                |
|      |  |  |                                    |
|      |  | CERTIFICATION  |                                    |
|      | certify that the foregoing is a complete statement tor(s) in this bankruptcy proceedings.  | of any agreement or arrangement for payment  | t to me for representation of the  |
|      | 2/22/2017  | /s/ Kashwal Kaur   |                                    |
|      | Date   | Signature of Attorney  |                                    |
|      |  | Semrad Law Firm  |                                    |
|      | <del></del>  | Name of law firm   | I                                  |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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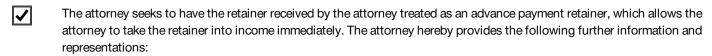
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 2/22/2017 |                        |
|----------|-----------|------------------------|
| Signed:  |           |                        |
| /s/ Cati | na Jones  |                        |
|          |           | /s/ Kashwal Kaur       |
| Debtor(  | s)        | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
| ' | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Jones, Catina                           | Case No                                   |                                      |
|-----------------|---|---|--------------------------------------|
|                 | Debtor(s)                               | Odse No.                                  |                                      |
|                 |   | Chapter.                                  | Chapter13                            |
|                 | VERIFIC                                 | ATION OF CREDITOR MAT                     | TRIX                                 |
| Ti<br>knowledge | he above named Debtors hereby verify e. | that the attached list of creditors is to | rue and correct to the best of their |
| Date:           | 2/22/2017                               | /s/ Jones, Catina                         | a                                    |
|                 |   | Jones, Catina<br>Signature of Del         | btor                                 |

CNAC/MI105 3718 STADIUM DR KALAMAZOO, MI, 49008

DEPT OF EDUCATION/NAVIENT PO Box 9635 Wilkes Barre, PA, 18773

PINNACLE CREDIT SERVIC 810 1ST ST S STE 260 HOPKINS, MN, 55343

I C SYSTEMS INC PO BOX 64378 SAINT PAUL, MN, 55164

AD ASTRA RECOVERY SERVICE 8918 W. 21st Street North, suite 200 Wichita, KS, 67205

Campbell, Laressa 3109 E. 225th St. Chicago Heights, IL, 60411

Comcast Cable c/o Xfinity PO Box 2127 Austell, GA, 30168

Nicor Gas 1844 W. Ferry Road Naperville, IL, 60563

Social Security Administration PO Box 3430 Philadelphia, PA, 19122

Illinois Tollway PO Box 5544 Chicago, IL, 60680

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602 Sprint P O Box 629023 El Dorado Hills, CA, 95762

TMobile P.O. Box 742596 Cincinnati, OH, 45274

AT&T Mobility One AT&T Way, Room 3A 104 Bedminster, NJ, 07921

Trinity Hospital 2320 E 93rd Chicago, IL, 60617

Mercy Hospital 2525 S. Michigan Avenue Chicago, IL, 60616

NCB MANAGEMENT SERVICE 1 ALLIED DR TREVOSE, PA, 19053

MONTEREY COLLECTION SV 4095 AVENIDA DE LA PLATA OCEANSIDE, CA, 92056

SECURITYCRED 2653 West Oxford Loop, Suite 108 Oxford, MS, 38655

MONTEREY FIN 4095 AVENIDA DE LA OCEANSIDE, CA, 92056

MEDICREDIT, INC PO BOX 1629 MARYLAND HEIGHTS, MT, 63043

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

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- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

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- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
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- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date. 2/11/2017             |                        |  |
|-----------------------------|------------------------|--|
| Signed:                     |                        |  |
| /s/ Catina Jones ( atma nes |                        |  |
|                             | /s/ Kashwal Kaur       |  |
| Debtor(s)                   | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 Catina   |   |   | Case number (if known)   |  |
|---|---|---|--|--|
| First Name  Part 6: Answer These Qu   | Middle Name La<br>estions for Reporting Purposes  | ast Name  |  |  |
| <sup>16.</sup> What kind of debts do<br>you have?   | 16a. Are your debts primarily of "incurred by an individual of No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily by the second of the normal of the | consumer debts? Consprimarily for a personal, business debts? Busine business debts?  | sumer debts are defined in 11 U.S., family, or household purpose."  ess debts are debts that you incurre operation of the business or invented.  umer debts or business debts.   | ed to obtain   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that ful  | 7. Do you estimate that aft   | ter any exempt property is excluded a<br>stribute to unsecured creditors?  | nd administrative  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | french .   | 0,000  |
| <sup>19.</sup> How much do you<br>estimate your assets<br>to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$1<br>\$10,000,001-\$1<br>\$50,000,001-\$1<br>\$100,000,001  | \$50 million   | 01-\$1 billion<br>1,001-\$10 billion<br>10,001-\$50 billion<br>150 billion |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-\$   | \$50 million   | 01-\$1 billion<br>,001-\$10 billion<br>0,001-\$50 billion<br>550 billion   |
| Part 7: Sign Below  |   | -11-11  |  |  |
| . S. you  | correct.  If I have chosen to file under Cha of title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15  | apter 7, I am aware that I understand the relief av I did not pay or agree to ed and read the notice renthe chapter of title 11, ement, concealing propese can result in fines up 19, and 3571. | y of perjury that the information provided in the proceed, if eligible, under Chavailable under each chapter, and I of the pay someone who is not an attorn equired by 11 U.S.C. § 342(b).  United States Code, specified in the pay, or obtaining money or property to \$250,000, or imprisonment for | apter 7, 11,12, or 13 noose to proceed ney to help me fill his petition.   |
|   | /s/ Catina Jones Signature of Debtor 1  | www.  | Signature of Debtor 2  |  |
|   | Executed on 2/17/2017 MM / DD /   | <del></del>   | Executed on  | <del>///</del>   |

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| money or proper           |                          |                           |                             | Making a false statement, con<br>to \$250,000, or imprisonment |  |
|---------------------------|--------------------------|---------------------------|-----------------------------|--|--|
| If two married p          | eople are filing togethe | er, both are equally resp | onsible for supplying corre | ect information.   |  |
| Declarati                 | on About an              | Individual Deb            | tor's Schedule              | es   |  |
| Official F                | Form 106De               | <u>c</u>                  | ·                           |  |  |
| Case number<br>(If known) |                          |                           |                             |  |  |
|                           | , ,                      |                           | (State)                     |  |  |
| United States Ba          | ankruptcy Court for the: | Northern                  | District of Illinois        |  |  |
| (Spouse, if filing)       | First Name               | Middle Name               | Last Name                   | <del></del>  |  |
| Debtor 2                  | First Name               | Middle Name               | Last Name                   |  |  |
| Debtor 1                  | Catina                   |                           | Jones                       |  |  |

aling property, or obtaining up to 20 years, or both. 18

| Pai                                     | t 1: Sign Below   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |  |  |  |  |  |
|   | No No   |  |  |  |  |  |
| A SALL SALL SALL SALL SALL SALL SALL SA | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |  |  |  |  |
| 3                                       |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Under penalty of perjury, I declare that I have read the summary that they are true and correct.  | and schedules filed with this declaration and  |  |  |  |  |
| ×                                       | /s/ Catina Jones  | ×  |  |  |  |  |
|   | Signature of Debtor 1   | Signature of Debtor 2  |  |  |  |  |
|   | Date 2/17/2017  | Date   |  |  |  |  |
|   | MM/DD/YYYY  | MM/DD/YYYY   |  |  |  |  |

Check if this is an amended filing

12/15

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| Debtor 1                  | Catina   |                            | Jones   | Case number (if known)   |
|---------------------------|--|----------------------------|---|--|
| ;************************ | First Name   | Middle Name                | Last Name   |  |
|                           | thin 2 years before<br>editors, or other par<br>No<br>Yes. Fill in the det | rties.                     | id you give a financial stateme   | nt to anyone about your business? Include all financial institutions,  |
|                           |  |                            | Date issued   |  |
|                           | Name   |                            | MM/DD/YYYY  |  |
|                           | ·  |                            | ,   |  |
|                           | Number Street  |                            | <del></del>   |  |
|                           | City   | State Zip Code             |   |  |
|                           | •  | p 0000                     |   |  |
| Part 12:                  | Sign Below   |                            |   |  |
| true                      | and correct. I undenkruptcy case can                                       | rstand that making a false | statement, concealing proper  | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 |
|                           |  |                            |   | Date   |
| Did y                     | rou attach additiona<br>No<br>Yes  |                            | t of Financial Affairs for Individ<br>n attorney to help you fill out b | luals Filing for Bankruptcy (Official Form 107)? ankruptcy forms?  |
|                           | Yes. Name of person  |                            |   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)  |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Jones, Catina  Debtor(s) | Case No                                       |                                    |
|-----------------|--------------------------|---|------------------------------------|
|                 | pento((s)                | Chapter.                                      | Chapter13                          |
|                 | VERIFIC                  | CATION OF CREDITOR MAT                        | RIX                                |
| Tł<br>knowledge |                          | fy that the attached list of creditors is tru | e and correct to the best of their |
| Date:           | 2/17/2017                | /s/ Jones, Catina                             | Colmoner                           |
|                 |                          | Jones, Catina<br>Signature of Debt            | or                                 |

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| Dobto | r 1 Catina   |  | Jones  | Case number (if known)   |             |  |
|-------|--|--|--|--|-------------|--|
| Debit | First Name   | Middle Name  | Last Name  |  |             |  |
| 16.   | Calculate the median fam   | nily income that applies to y  | ou. Follow these steps                                   | S:   |             |  |
|       | 16a. Fill in the state in whic   | h you live.  | Illinois   |  |             |  |
|       | 16b. Fill in the number of p   | eople in your household.   | 3  |  | 4-2 400 00  |  |
|       | 16c. Fill in the median fami   | y income for your state and size   | e of   |  | \$72,429.00 |  |
|       | household  |  | To fine  | d a list of applicable median income amounts, go online<br>nay also be available at the bankruptcy clerk's office.   |             |  |
| 17.   | How do the lines compare   | ?  |  |  |             |  |
|       | 17a. Line 15b is less the under 11 U.S.C.  | nan or equal to line 16c. On the<br>§ <i>1325(b)(3)</i> . <b>Go to Part 3.</b> Do                            | e top of page 1 of this<br>NOT fill out <i>Calculati</i> | s form, check box 1, <i>Disposable income is not determined ion of Disposable Income</i> (Official Form 122C-2).   |             |  |
|       | U.S.C. § 1325(b)   | than line 16c. On the top of pa<br>(3). <b>Go to Part 3 and fill out</b> (<br>current monthly income from li | Calculation of Dispo                                     | eck box 2, <i>Disposable income is determined under 11</i> sable Income (Official Form 122C-2). On line 39 of that   |             |  |
| Part  | Calculate Your Cor   | nmitment Period Under  | 11 U.S.C. §1325(b  | o)(4)  |             |  |
|       |  |  |  |  | \$1,600.44  |  |
| 18.   | Copy your total average r  | nonthly income from line 11  |  | is not filing with you, and you contend that calculating the   |             |  |
| 19.   | commitment period under  | t <b>ment if it applies.</b> If you are<br>[1 U.S.C. § 1325(b)(4) allows:                                    | you to deduct part of                                    | is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.   |             |  |
|       | 19a. If the marital adjustme   | nt does not apply, fill in 0 on li   | ne 19a.  |  | -\$0.00     |  |
|       | 19b. Subtract line 19a fro   |  |  |  | \$1,600.44  |  |
| 20    |  | onthly income for the year. I  | follow these steps:                                      |  |             |  |
| 20.   |  |  |  |  | \$1,600.44  |  |
|       | 20a. Copy line 19b.  | and an effect on the in a year)  |  |  | x 12        |  |
|       |  | mber of months in a year).   |  |  | \$19,205.28 |  |
|       | 20b. The result is your curr   | ent monthly income for the yea   | ar for this part of the fo                               | orm.   | \$19,203.20 |  |
|       | 20c. Copy the median fam   | ily income for your state and si   | ze of household from                                     | line 16c.  | \$72,429.00 |  |
| 21.   | How do the lines compar  |  |  | The second secon |             |  |
|       | commitment period is   | 3 years. Go to Part 4.   |  | ne top of page 1 of this form, check box 3, The  |             |  |
|       | Line 20b is more than 4, The commitment per  | or equal to line 20c. Unless otleriod is 5 years. Go to Part 4.  | nerwise ordered by the                                   | e court, on the top of page 1 of this form, check box  |             |  |
| Part  | 4: Sign Below  |  |  |  |             |  |
|       |  |  | ì  |  |             |  |
|       | By signing here, I deck  | are under penalty of perjury the   | t the information on t                                   | his statement and in any attachments is true and correct.  |             |  |
|       | <b>4</b>   | ( Votta  | ,  | <b>£</b>   |             |  |
|       | /s/ Catina Jone  | - 0 0 4 1 1 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 9  | Signature of Debtor 2  |             |  |
|       | Signature of Debto   | ( )  |  | olgination of position in  |             |  |
|       | Date 2/17/2017   |  |  | Date   |             |  |
|       | MM/DD/YY   | Ϋ́Υ  |  | MM/DD/YYYY   |             |  |
|       | If you chacked 17a do  | NOT fill out or file Form 1220   | -2.  |  |             |  |
|       | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 |  |  |  |             |  |
|       | above.   |  |  |  |             |  |
|       |  |  |  |  |             |  |